

BlueLink

A News Publication for Participating Physicians, Providers and Institutions

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BlueLink is part of the Utilization Management component of CareEssentials, our care management program that provides you with essential tools for patient care.

Visit us at www.carefirst.com

Important National Provider Identifier Update

CareFirst and CareFirst BlueChoice are committed to providing information to assist you with the National Provider Identifier (NPI) implementation process.

To ensure that claims processing and payment continue smoothly up to and after the May 23, 2007 NPI implementation date, we are providing detailed guidance on how to manage this transition. To minimize any impacts on our ability to serve you during this period, we have outlined five specific steps for doing business with CareFirst and CareFirst BlueChoice:

1) Send your NPI directly to CareFirst/CareFirst BlueChoice

Providers should provide CareFirst/CareFirst BlueChoice with their NPI as soon as it is received. We are adding NPI information to our records and will link the NPI to your legacy ID (your provider ID number(s) assigned by CareFirst/CareFirst BlueChoice). NPIs cannot be extracted from claims. As a result, you must submit your NPI information directly to our Provider Information & Credentialing Department. Please send your NPI as soon as possible. Also, be sure to share your NPI with other health care providers (and payers) with whom you do business.

To submit your NPI, visit www.carefirst.com > Providers & Physicians > National Provider Identifiers (NPI) > Submission Form and follow the instructions provided online. If you do not have Internet access, please call Provider Services to obtain a copy of the NPI submission form or refer to the January/February 2007 BlueLink for other ways to submit your NPI. You will receive a confirmation via e-mail or by mail verifying that we received your NPI information.

2) Submit Legacy IDs and NPIs on 837 Electronic Claims

Industry reports suggest that providers, billing systems, clearinghouses and health plans may not be ready to fully implement NPI on May 23, 2007. As a contingency to avoid delays in claim submission and claim processing, CareFirst and CareFirst BlueChoice strongly recommend that providers continue to submit legacy ID numbers, along with the NPI. This is considered a "dual use" approach. For more information, please refer to our NPI Dual Use Companion Guide. Visit www.carefirst.com > Providers & Physicians > Electronic Services > EDI Services > EDI Manuals to find the NPI Dual Use Guide.

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What's Happening

Important National Provider Identifier Update (continued)

3) Test with your electronic claim vendor/clearinghouse before May 23rd

Providers should share their NPI with their vendor/clearinghouse immediately for testing purposes. Electronic claim vendors should test 837 claim submissions with CareFirst/CareFirst BlueChoice prior to the compliance date. Please check with your vendor/clearinghouse to determine if they currently test with us on your behalf.

4) Submit Legacy IDs on Paper Claim Forms

We will accept the new CMS 1500 as of April 10, 2007 and the UB04 as of May 23, 2007 when submitted with legacy provider ID numbers. NPI will be considered optional. Claims submitted with an NPI only will be returned.

For additional details, refer to the article "What you Need to Know about the CMS 1500 08/05 Claim Form" in this issue of BlueLink. You may also visit the National Uniform Claim Committee web site at www.nucc.org. To order the CMS 1500 forms, please call the Government Printing Office at 202-512-0455.

For information regarding the UB04, visit the National Uniform Billing Committee web site at www.nubc.org.

Big Changes in CareFirst Direct

Major changes to CareFirst Direct will make it easier for you to do business with CareFirst and CareFirst BlueChoice.

Starting in April, you will notice a new look in the online tool. The Welcome screen will offer details about CareFirst Direct to help you navigate and quickly find the information you need.

The main changes to CareFirst Direct are in the eligibility and benefits sections:

- When you search for a member, use the membership number and either the member's date of birth or name.
- Membership information will be displayed on the new eligibility screen, where you will also be able to review the coverage details for various products (medical, dental, pharmacy, vision). On the eligibility screen for out-of-area members, providers will find effective dates with a "from date" and possibly a second date. The second date not does

5) Continue to Use Legacy ID Numbers for Inquiries and Referrals

Providers must continue to use their legacy ID numbers when submitting paper claims, writing referrals, and accessing BlueLine and FirstLine Voice Response Units, CareFirst Direct, iEXCHANGE and IASH.

Visit the NPI section of www.carefirst.com:

- To submit your NPI via our online submission form
- For updates and frequently asked questions about the NPI
- For additional resources and training information, such as BlueCross BlueShield Association audiocasts, and links to informational web sites

CareFirst and CareFirst BlueChoice are working diligently to ensure a smooth transition to the NPI for our providers. We appreciate your cooperation in reviewing this information and for doing your part to prepare for the May 23, 2007 NPI compliance date.

If you have any questions about NPI, please send an e-mail to NPI@carefirst.com or contact Provider Services.

not necessarily indicate a termination date but may indicate coverage through the date provided.

- The new screen will allow you to limit your search to specific benefits. To find inpatient hospital benefits, you will have the ability to search directly for inpatient hospital benefits. The new benefit screen will supply you with greater detail. For example, the new screen displays benefit limitations (number of visits, age restrictions, etc.).
- Please also be aware that FEP and NASCO members will be treated like Out-Of-Area members in terms of eligibility and benefit searches. You will need to provide the member's name and relationship information when searching for these members to improve the accuracy of the response.

In addition to these changes, CareFirst Direct will now be available on Sundays from 9 a.m. to 4 p.m. We hope that these changes will enhance your CareFirst Direct experience.

What's Happening

What You Need to Know about the CMS 1500 08/05 Claim Form

The National Uniform Claim Committee (NUCC) revised the CMS 1500 paper claim form to accommodate the use of the National Provider Identifier (NPI). Visit the NUCC web site at www.nucc.org to find:

- The CMS 1500 Reference Instruction Manual for 08/05 version
- A copy of the new form available for downloading and printing
- How to order the new forms
- A “change log” detailing all adjustments to the new form (e.g., expanding certain fields to allow for future changes to billing codes, new fields added, etc.)
- Frequently Asked Questions

CareFirst and CareFirst BlueChoice will accept the CMS 1500 08/05 as of April 10, 2007 when submitted with your legacy provider ID number. After the May 23rd compliance date, legacy ID numbers will still be required on paper claims and NPI will be optional until further notice. Paper claims submitted with an NPI only will be returned.

For professional providers, please remember that a claim should report the services of only one practitioner. If more than one provider in your practice renders services for a given member, separate claims must be submitted to ensure quick and accurate claims processing.

Below are some changes that impact the way you submit the CMS 1500 claim form to CareFirst/CareFirst BlueChoice:

Box Number	Requested Information	Description of Change
Box 17a	Referring Physician ID #	The field was split to accommodate an ID Qualifier and the legacy number. The first box of 17a must include the Qualifier ID (use 1B for Blue Shield provider number). The second portion of the field must include the referring physician's legacy ID.
Box 17b	Referring Physician ID #	New field to include the NPI number of the referring physician. If you do not have that information, contact the referring physician. If the physician doesn't have an NPI, you can leave that field blank.
Boxes 24 a-g, 1-6	Supplemental Information	CareFirst/CareFirst BlueChoice will not be using supplemental information included in the shaded portion of these fields for claims adjudication until further notice.
Box 24c	EMG	EMG (emergency) replaced Type of Service in this field. Type of Service was deleted from the form and is no longer required.
Box 24e	Diagnosis Pointer	Diagnosis Pointer replaced Diagnosis code, but the same information belongs in this field.
Box 24i	ID. Qual	ID Qualifier replaced EMG. Use Qualifier 1B for Blue Shield provider number in the shaded portion. The lower portion is the ID Qualifier for the practitioner's NPI.
Box 24j	Rendering Provider ID #	Rendering provider ID # replaced COB and “Reserved For Local Use” fields. COB and “Reserved for Local Use” were deleted from the form and are no longer required. Include your CareFirst-assigned, Maryland 8-digit rendering ID number in field 24j. If you have your NPI, you may include it in the non-shaded portion of the field.
Box 32	Service Facility Location Information	Continue to include the name and address of facility where services were rendered.
Box 32a	Service Facility NPI	New field where the facility's NPI number belongs.
Box 32b	Service Facility legacy ID	New field where ID Qualifier (use 1B for Blue Shield provider number) plus the legacy provider belong for the facility where services were rendered.
Box 33	Billing Provider Info & Ph. #	Continue to include the physician or supplier's billing name, address, zip and phone number.
Box 33a	Billing provider NPI	New field that replaced pin number. Include the billing provider's NPI, if it is available.
Box 33b	Billing provider legacy ID	New field where ID Qualifier (use 1B for Blue Shield provider number) plus legacy provider ID of the billing provider must be included.

If you have any questions about the requirements for the CMS 1500 08/05 form, please contact Provider Services.

What's Happening

Magellan's Tristate Office to Manage Health Care Benefits

On April 2, 2007, Magellan Behavioral Health (Magellan) will transition the management of CareFirst members' behavioral health care benefits to its Tristate Care Management Center in Cincinnati, Ohio. Other than a few new voices on the other end of the phone, you should not experience any changes to how you access Magellan.

- The customer service line for providers and members will not change; continue to call Magellan at 800-245-7013 for all authorization requests and questions.
- Both appeals and treatment plans will continue to be faxed to 800-365-5030, as this fax number will be redirected to the Tristate Center.
- Continue to send correspondence to the post office boxes you use today or, as of April 2, correspondence can be sent to the new location (see address below).

- Your Magellan field network contacts, account manager, medical director and compliance functions will remain in Maryland and be available at their current phone numbers and mailing addresses.

CareFirst associates will continue to process claims, customer service requests, provide benefit quotes and eligibility verifications.

If you have any questions or concerns, please call your Provider Services Representative.

Tristate Care Management Center:
Magellan Behavioral Health
10101 Alliance Road
Suite 201
Cincinnati, Ohio 45242

Changes to Medical Records and Practitioner Office Standards

The CareFirst and CareFirst BlueChoice Quality Improvement Council (QIC) recently made changes to the Medical Records Documentation Standards and Performance Measures. The overall performance goal for compliance with the standards was increased from 80 to 90 percent.

The QIC also updated the Practitioner Office Standards and Performance Measures. The following were added:

- Standard for a smoke-free environment
- Standard related to automated external defibrillator maintenance and function checks
- Standard for destroying outdated or unusable narcotics
- Standard for electronic medical record security, data integrity, confidentiality and privacy
- New references, as applicable

To view the current standards, visit www.carefirst.com > Providers & Physicians > Resources and Seminars. To obtain a paper copy of the standards, please call 410-528-7997 or 800-323-4472.

Cultural Diversity Program for Physicians

CareFirst and CareFirst BlueChoice are pleased to introduce an on-line learning tool to provide health care professionals with skills and techniques to more effectively communicate with patients of various cultural backgrounds.

Quality Interactions uses a patient-based approach that focuses on common clinical and cross-cultural scenarios, and includes web links to clinical guidelines, references and other relevant information.

Developed by the Manhattan Cross Cultural Group, the two-hour online course is easy and convenient, and network physicians earn 2.5 hours of Continuing Medical Education (CME) credit upon completion of the program.

Selected CareFirst and CareFirst BlueChoice physicians will be contacted this month and offered an opportunity to participate in the Quality Interactions program. For more information about the training program, please contact providercmes@carefirst.com or 410-605-2677 or 800-323-4472.

What's Happening

Case Management -- Assistance to Take Charge of Your Health Care Needs

CareFirst's Case Management services can enhance your overall care by providing an organized, comprehensive and holistic approach to your health care needs. This will reduce the frustration of fragmented care that those with complex care requirements often face. Your case manager can help navigate the complex health care maze by coordinating your medical care services and help you to better understand what is happening to your health. Our specialty programs include:

Generalist – Our generalist case management team of registered nurses with diverse clinical background for patients with acute and chronic disease processes.

Pediatrics - Our pediatric case managers are experienced pediatric clinicians. They manage referrals for children ages 0 to 17 years with simple to complex health care needs. Our pediatric program also includes oncology education and support.

Oncology – Our oncology case management team is comprised of registered nurses with oncology experience and expertise to assist patients with a cancer diagnosis.

Great Beginnings – A case manager will contact you during each trimester of your pregnancy to provide supplemental support for expectant mothers, family members and physicians to enhance optimal maternal-infant outcomes.

Case Management Program Goals

The patient's welfare is always our first concern. Your Case Manager will always work to:

- Contribute to your sense of wellbeing and dignity
- Enhance the quality of life for you and your family
- Positively influence the quality of your health care
- Improve your health, restore function and prevent disability
- Reduce the negative effects of a serious, chronic or terminal health condition
- Increase customer satisfaction
- Empower you and your family members through education

When you enroll in the Case Management program, a case manager will contact you to review your medical history and identify important factors that may affect your health.

Your case manager is available to answer questions Monday through Friday, 8 a.m. to 4:30 p.m.

To enroll in Case Management or find out more information about our programs call 888-264-8648.

Claims and Billing

Updates to the CareFirst BlueChoice In-Office Procedure List

Effective March 1, 2007, the following procedure codes may be performed in a physician office setting (in addition to contracted radiology facilities). Be sure to verify member eligibility and coverage prior to rendering services, as benefit limitations and medical policy requirements still apply:

Procedure Code	Specialty
76820	OB-GYN, Infertility
76821	OB-GYN, Infertility

A complete list of in-office codes is in the Benefits section of the CareFirst BlueChoice Provider Manual. To access the manual online, visit www.carefirst.com > Providers & Physicians > Solution Center > Administrative Guides.

Requirements for Mental Health and Substance Abuse Treatment

A treatment plan for outpatient mental health and substance abuse must be submitted by the provider prior to the ninth outpatient visit in order for the member to receive maximum benefits. In addition, effective Jan. 1, 2007, a treatment plan is required for FEP members with Medicare as their primary coverage.

Health Care Policy

New Technology Evaluated

Our Technology Assessment Unit evaluates new and existing technologies that apply to our local indemnity and managed care benefit plans. The unit relies on current medical literature, local expert consultants and physicians to determine whether those technologies meet CareFirst and CareFirst BlueChoice criteria for coverage. Policies for non-local accounts like NASCO and FEP may differ from our local determinations. Please verify member eligibility and benefits prior to rendering services via BlueLine, FirstLine or CareFirst Direct. The Technology Assessment Unit recently made the following determinations:

NEW TECHNOLOGY	DESCRIPTION	CAREFIRST AND CAREFIRST BLUECHOICE DETERMINATION
Percutaneous intracranial balloon angioplasty with or without stent insertion	Balloon dilatation of stenotic intracranial vessel(s), with or without insertion of a stent	Considered experimental / investigational <i>CPT® reporting codes 61630, 61635</i>
Balloon sinuplasty	Minimally invasive procedure to open blocked sinus ostia secondary to chronic sinusitis	Considered experimental / investigational <i>CPT® reporting code 31299</i> <i>Do not report using coding for sinusotomy 31020-31032</i>
Osteochondral allograft repair of the ankle joint	Uses cadaver osteochondral grafts to repair degenerative conditions of the ankle joint	Considered experimental / investigational <i>CPT® reporting code 27899</i>
Wireless aneurysm pressure sac monitoring, e.g. EndoSure®	Places a wireless pressure sensor in aneurysm sac during endovascular repair procedure, for monitoring pressures during follow-up	Considered experimental / investigational <i>CPT® reporting codes 0153T, 0154T</i>

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Health Care Policy

Medical Policy Updates

Our Health Care Policy Department continually reviews medical policies and operating procedures as new, evidence-based information becomes available regarding advances in new or emerging technologies, as well as current technologies, procedures and services.

The table below is a guide designed to provide updates on any 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 for non-local accounts such as NASCO and FEP may differ from our local determinations. Please verify member eligibility and benefits prior to rendering services via BlueLine, FirstLine or CareFirst Direct.

NOTE: The numbering system in the CareFirst Medical Policy Reference Manual for Medical Policies and Operating Procedures has been slightly modified. Effective March 2, 2007, all former two-digit numbers in the third set of numbers (i.e. xx.xx.XX) now have a leading "0" in the third set (i.e. xx.xx.0xx). If you need to search for a Medical Policy or Operating Procedure, make sure you now include a "0" in the first space of the third set of numbers.

MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
1.01.001 Durable Medical Equipment with Attached Table	The attached Durable Medical Equipment (DME) table was revised and updated. Items from the DME table were deleted when a separate medical policy exists.	Periodic revision and update Effective 2/20/07
2.01.005 Intravenous or Subcutaneous Histamine Therapy	Removed from archived status. Title changed from "Intravenous Histamine Therapy." Description revised. Under Policy Guidelines, a Rationale statement was added. Intravenous and subcutaneous histamine therapy remains experimental / investigational. Report with CPT® code 95199.	Periodic review and update Effective 1/22/07
2.01.046A Infant Hearing Screening (MD, VA, and DC Mandates)	The Description was revised to include current accepted infant hearing screening tests.	Periodic review and update Effective 2/20/07
2.02.007 Real-Time Outpatient Cardiac Monitoring	Under Policy Guidelines, a Rationale statement was added.	Periodic review and update. Effective 3/19/07
4.01.008 Uterine Artery Embolization for Fibroid Tumors (Leiomyomata)	Under Policy Guidelines, an updated 2007 Rationale statement was added.	Periodic review and update. Effective 3/5/07
4.02.001 Assisted Reproductive Technology (ART) Procedures: In Vitro Fertilization (IVF) Gamete Intrafallopian Transfer (GIFT) Zygote Intrafallopian Transfer (ZIFT)	Under Benefit Applications, for contracts that follow the Maryland State Mandate, the wording was changed to clarify the language of the Maryland State Mandate without changing the content of the information.	Policy revision and update Effective 2/20/07

Health Care Policy

Medical Policy Updates (continued from page 7)

MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
5.01.001 Off-Label and Orphan Drug Use	Under Policy Guidelines, a Rationale statement was added.	Periodic review and update Effective 3/5/07
6.01.031 Computerized Ophthalmic Diagnostic Imaging	Under Policy, medically necessary and experimental / investigational statements were updated for computerized ophthalmic diagnostic imaging. Under the Policy Guidelines, the Rationale statement was revised. Report with CPT® code 92135.	Policy revision and update Effective 2/20/07
7.01.013 Keratoprosthesis	Description revised. Under Policy, Keratoprosthesis insertion is considered medically necessary in patients with traumatic or nontraumatic corneal disorders when conventional corneal transplant has failed or is likely to fail. Keratoprosthesis insertion for all other conditions is considered experimental / investigation. Under Policy Guidelines, a Rationale statement was added. Report with CPT® code 65770.	Periodic review and update Effective 2/20/07
7.01.017 Cosmetic and Reconstructive Surgery	Within table attached to Medical Policy 7.01.17 revised and clarified Lipectomy / liposuction including buttock/thigh lifts, panniculectomy and abdominoplasty/ abdominal lipectomy. Review attached table for clarifications.	Periodic review and update. Effective 1/22/07
7.01.018 Foot Care Services	Under Policy Guidelines, a Rationale statement was added.	Periodic review and update. Effective 1/22/07
7.01.033 Total Hip Resurfacing	Total hip resurfacing is considered medically necessary for patients with degenerative hip joint disease or severe arthritis of the hip who are skeletally mature and 55 years of age or less; have adequate bone stock of the femoral head and neck to support the device; and have failed conservative management, and would otherwise require total hip replacement surgery. Total hip resurfacing in patients not meeting the above criteria for coverage is considered experimental / investigational. Review the policy for further details.	New Policy Effective 2/20/07
7.01.035 Extracorporeal Shock Wave Lithotripsy for Gallstones	Returned from archived status. Under Policy, extracorporeal shock wave lithotripsy (ESWL) for gallstones remains experimental / investigational. Under Policy Guidelines, a Rationale statement was added.	Periodic review and update. Effective 1/22/07
7.01.099 Cryotherapy Dilation for Peripheral Arterial Disease	Cryoplasty/ cryotherapy dilation for peripheral arterial disease is considered experimental / investigational.	New Policy Effective 2/20/07
10.01.004A Standby Services	Refer to the CareFirst General Provider manual at www.carefirst.com for additional information regarding Standby Services.	Periodic review and update. Effective 3/5/07

Health Care Policy

Medical Policy Updates (continued from page 8)

MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
10.01.005 Ambulance Services	Under Policy Guidelines, a Rationale statement was added. Under Provider Guidelines, ambulance claims must include a two-letter origin-destination modifier indicating where a trip begins and ends.	Periodic review and update. Effective 1/22/07
10.01.013A Medical Record Documentation Standards	Refer to CareFirst Provider /Physician section @ www.carefirst.com (Resources and Seminars/ Documentation and Office Standards) for additional information regarding Medical Record Documentation Standards.	Periodic review and update. Effective 3/5/07
11.01.002 Genetic Testing for Inherited BRCA1 or BRCA2 Mutations	Under Policy Guidelines, the definition of first-degree and second-degree relative was clarified. A Rationale statement was added. Report with CPT® codes 83890 – 83906, 83912 and appropriate genetic modifiers oA or oB.	Periodic review and update Effective 1/22/07
11.01.004 Genetic Testing and Biochemical Markers for the Diagnosis of Alzheimer's Disease	Genetic testing for Alzheimer's Disease (AD), including, but not limited to tests for APOE, APP and presenilin-1 and -2, is considered experimental / investigational. Measurement of cerebrospinal fluid biomarkers of AD including, but not limited to tau protein, amyloid-beta peptides, or neural thread proteins is considered experimental / investigational. Measurement of urinary biochemical markers of AD, including, but not limited to, neural thread proteins is considered experimental / investigational. Under Policy Guidelines, it was noted that "APOE is not the same test as the apolipoprotein immunoassay test (CPT® code 82172). An updated Rationale statement for 2006 was added. Report with CPT® codes 83520, 83890-7A – 83909-7A and 83912.	Periodic review and update Effective 2/20/07
11.01.034 Molecular Genetic Expression Test for Identification of Heart Transplant Rejection	Molecular genetic expression testing, e.g. AlloMap™ for identification of organ rejection in heart transplant patients is considered experimental / investigational.	New Policy Effective 2/20/07
11.01.035 Genetic Testing for Celiac Disease	Genetic testing for celiac disease DQ2 and DQ8 haplotypes is considered medically necessary as an adjunctive test in patients suspected of having celiac disease, where TTG and EMA serologic testing is indeterminate, or as a "rule out" test for first-order family members of patients diagnosed with celiac disease, when the test will be used to determine if the patient should undergo further diagnostic testing or disease monitoring. Genetic testing for celiac disease is considered experimental / investigational as a general population screening test; in patients with a serologically or biopsy-proven diagnosis of celiac disease; or as a diagnostic test for other inflammatory bowel diseases. Report with CPT® codes 83891-4F, 83894-4F, 83898-4F (x56) or 83912-4F(x2). See Policy for further details.	New Policy Effective 2/20/07

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Care Management Updates

Annual Criteria Review Complete

CareFirst's and CareFirst BlueChoice's medical directors and a panel of active practitioners met on Nov. 14, 2006 for the Annual Criteria Review. The panel, which included primary care physicians and practitioners from various specialties, reviewed and approved the 10th edition Milliman Care Guidelines, the Modified AEP Criteria, and the Apollo Managed Care Physical Therapy, Occupational Therapy, and Rehabilitation Criteria. The Magellan Behavioral Health Medical Necessity Criteria were also reviewed and approved. The panel recommended no changes to the previous exceptions (i.e., longer lengths of stay) to the Milliman Care Guidelines Goal Lengths of Stay. The changes took effect Jan. 1, 2007 and are shown in the accompanying charts.

To obtain a copy of the 10th edition Milliman Care Guidelines, please call Milliman USA at 610-687-5644. A copy of any of the mentioned criteria can be obtained or reviewed by calling 410-528-7041.

CareFirst makes available physician reviewers to discuss utilization management decisions. Physicians may call 410-528-7041 or 800-367-3387 x 7041 to speak with a physician reviewer. All cases are reviewed on an individual basis.

Important Note: CareFirst affirms that all Utilization Management (UM) decision-making is based only on appropriateness of care and service. We do not reward practitioners or other individuals conducting utilization review for denials of coverage or service. In addition, financial incentives for UM decision-makers do not encourage denials of coverage or service.

CareFirst LOS Exceptions To Milliman Care Guidelines		
Uncomplicated Patients		
PROCEDURE/ DIAGNOSIS	MILLIMAN LENGTH OF STAY	CAREFIRSTGOAL LENGTH OF STAY
Drug Withdrawal Syndrome in Newborn	2 days	3 days
Multiple Sclerosis with significant co-morbidity, initial treatment with I.V. Steroids	Ambulatory	1 day
Modified Radical Mastectomy with Axillary Node Dissection	Ambulatory	1 day
Neonatal Sepsis	4 days	5 days
Obstetrics		
Σ Vaginal delivery	1 day	1-2 days
Σ C-Section	2 days	3-4 days
Parathyroidectomy	Ambulatory	1 day
PTCA	Ambulatory	1 day
Radical Prostatectomy	1 day	2 days
Total/Subtotal Thyroidectomy	Ambulatory	1 day
Vaginal Hysterectomy (not laparoscopic)	Ambulatory	1 day

Provider Seminars

Practitioner and Staff Training Seminars

CareFirst and CareFirst BlueChoice offer half-day seminars designed to familiarize professional and institutional providers and office staff with CareFirst and CareFirst BlueChoice policy and provider-oriented procedures. We offer a variety of seminars to appeal to the needs of our diverse provider community. Seminars offered by CareFirst and CareFirst BlueChoice are listed below and are accompanied by a brief description to assist in selecting the appropriate seminar to meet your needs.



B to B - Back to Basics - designed to introduce professional providers to CareFirst's and CareFirst BlueChoice's full portfolio of products, claims submission procedures, coordination of benefits, administrative policies, quality improvement, the latest information on BlueCard and more. This seminar is an excellent "new provider staff" or "provider refresher" tool.

Hospital Quarterly - designed to provide hospital staff with updated information on changes at CareFirst and CareFirst BlueChoice, sometimes including special presentations on selected topics.

Ancillary - designed to provide ancillary providers (Dialysis, SNF, DME, HIT, ASC, Hospice, Home Health and Mental Health) with updated information on changes at CareFirst and CareFirst BlueChoice and may include special presentations on select topics.

Update - "Update Me" - designed to update professional and institutional providers about CareFirst and CareFirst BlueChoice changes. These seminars have been scheduled regionally during the 4th quarter of 2007.

emf - eSystems Mini Fairs - designed to provide professional and institutional providers in the Eastern Shore and Western Maryland locations with more detailed information on electronic claims solutions.

DRG - Diagnosis Related Group - reimbursement training limited to D.C. and Virginia hospital staff.

To register for any of these seminars, visit the *Providers & Physicians* section of www.carefirst.com for a full list of 2007 seminars and select Register for a Seminar in the Solution Center. If you do not have internet access, call the Provider Seminar Registration Line at 877-269-2219. Below is a list of upcoming seminars. Please note: Sign in for seminars 15 minutes prior to the scheduled start time.

HOSPITAL SEMINARS

DATE AND TIME	LOCATION	ROOM
Tuesday, April 3, 2007 8 a.m. to 1 p.m. emf	The Plaza 1718 Underpass Way Hagerstown, Md. 21740	Ballroom
Thursday, April 12, 2007 10 a.m. to 1 p.m. Hospital Quarterly	Hilton Garden Inn 4770 Owings Mills Blvd. Owings Mills, Md. 21117	Garden Room
Thursday, April 19, 2007 10 a.m. to 1 p.m.	Martins Crosswinds 7400 Greenway Center Drive Greenbelt, Md. 20770	Posted in Lobby

Provider Seminars

HOSPITAL SEMINARS (continued)

DATE AND TIME	LOCATION	ROOM
Wednesday, May 16, 2007 1 p.m. to 4 p.m. Hospital Quarterly	Ramada Inn 300 S. Salisbury Blvd. Salisbury, Md.	Devon Room
Thursday, May 24, 2007 8 a.m. to 1 p.m. emf	Hyatt Regency 100 Heron Blvd at Route 50 Cambridge, Md. 21613	Chesapeake Ballroom
Wednesday, June 6, 2007 10 a.m. to 1 p.m. DRG	Washington Hospital 110 Irving St. N.W. Washington, D.C. 20010	Siegel Auditorium

ANCILLARY SEMINARS

DATE AND TIME	LOCATION	ROOM
Thursday, March 22, 2007 11 a.m. to 1 p.m. Hospice	Easton Memorial Hospital 219 S. Washington St. Easton, Md. 21601	Health Education Rooms C&D
Tuesday, April 3, 2007 8 a.m. to 1 p.m. emf	The Plaza 1718 Underpass Way Hagerstown, Md. 21740	Ballroom
Tuesday, April 10, 2007 11 a.m. to 1 p.m. ASC	CareFirst Owings Mills 10455 Mill Run Circle Owings Mills, Md. 21117	MPR LLo3
Tuesday, April 17, 2007 11 a.m. to 1 p.m. HH	CareFirst Owings Mills 10455 Mill Run Circle Owings Mills, Md. 21117	MPR LLo3
Wednesday, April 18, 2007 11 a.m. to 1 p.m. HIT/DME	Ramada Inn 300 S. Salisbury Blvd. Salisbury, Md.	Devon Room
Thursday, April 26, 2007 10 a.m. to 1:30 p.m. Sub/Mtl	CareFirst Columbia Gateway 6731 Columbia Gateway Drive Columbia, Md. 21046	Redwood Room
Tuesday, May 8, 2007 11 a.m. to 1 p.m. SNF	Shady Grove Adventist 9901 Medical Center Drive Rockville, Md. 20850	Willow Room
Wednesday, May 9, 2007 11 a.m. to 1 p.m. Hospice	CareFirst Owings Mills 10455 Mill Run Circle Owings Mills, Md. 21117	MPR LLo3
Thursday, May 10, 2007 11 a.m. to 1 p.m. HIT	CareFirst Columbia Gateway 6731 Columbia Gateway Drive Columbia, Md. 21046	Redwood Room
Tuesday, May 15, 2007 10 a.m. to 1 p.m. Sub/Mtl	Comfort Inn 8523 Ocean Gateway Easton, Md. 21601	Cambridge Room
Thursday, May 24, 2007 8 a.m. to 1 p.m. emf	Hyatt Regency 100 Heron Blvd. at Route 50 Cambridge, Md. 21613	Chesapeake Ballroom
Tuesday, June 5, 2007 11 a.m. to 1 p.m. ASC	Easton Memorial Hospital 219 S. Washington St. Easton, Md. 21601	Boardroom

Provider Seminars

PROFESSIONAL PROVIDER SEMINARS

DATE AND TIME	LOCATION	ROOM
Tuesday, March 20, 2007 10 a.m. to 1 p.m. B to B	Comfort Inn University Center 11180 Main St. Fairfax, Va. 22030	University Room
Tuesday, March 27, 2007 10 a.m. to 1 p.m. B to B	CareFirst Columbia Gateway 6731 Columbia Gateway Dr. Columbia, Md. 21046	Redwood Room
Tuesday, April 3, 2007 8 a.m. to 1 p.m. emf	Shady Grove Adventist 9901 Medical Center Drive Rockville, Md. 20850	Willow Room
Wednesday, April 11, 2007 10 a.m. to 1 p.m. Update Me	Anne Arundel Community College 101 College Park Arnold, MD 21012	Cade 219
Tuesday, April 24, 2007 10 a.m. to 1 p.m. B to B	Holiday Inn Express 241 Railway Lane Hagerstown, MD 21740	Conference Room
Tuesday, April 24, 2007 10 a.m. to 1 p.m. emf	University of Maryland 22 S. Greene St. Baltimore, MD 21201	Shock Trauma
Tuesday, May 1, 2007 10 a.m. to 1 p.m. B to B	University of Maryland 900 Seton Drive Cumberland, MD 21502	Auditorium
Wednesday, May 9, 2007 1 p.m. to 4 p.m. Update Me	St. Agnes Hospital 900 Caton Ave. Baltimore, MD 21229	Community Room
Tuesday, May 22, 2007 10 a.m. to 1 p.m. B to B	Courtyard by Marriott 8506 Fenton St. Silver Spring, Md. 20910	Conference Room
Thursday, May 24, 2007 8 a.m. to 1 p.m. emf	Hyatt Regency 100 Heron Blvd. at Route 50 Cambridge, Md. 21613	Ballroom

Institutional Provider Representatives

Find Your Institutional Provider Representatives

Not sure who your Institutional provider representative is or what number to call to reach him or her? See the chart below to find out. This information, as well as professional provider information, can be found in the *Providers & Physicians* section of www.carefirst.com by clicking on *Professional* or *Institutional* under *Find My Provider Representative*.

Ancillary Provider Assignments

REPRESENTATIVE NAME	TELEPHONE	SPECIFIC AREA
Joanna Clark	410-872-3572	Anne Arundel, Baltimore and Harford counties and Baltimore City
Carol Kreigh	410-763-6353	Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico and Worcester counties
Mike Rutkowski	410-872-3539	Calvert, Charles, Montgomery, Prince George's and St. Mary's counties and Washington, D.C. and Virginia
Dena Whitener	410-872-3816	Allegany, Carroll, Frederick, Garrett, Howard and Washington counties and Pennsylvania and West Virginia
Dottie Humes	410-872-3575	Maryland, Washington, D.C. and Virginia

Hospital Assignments

REPRESENTATIVE NAME	TELEPHONE	HOSPITAL NAME
Donna Brohawn	410-872-3571	* AA Medical Center * Frederick Mem. * Harford Mem. Hosp. * Johns Hopkins * Kennedy Krieger * Mercy Med. Ctr. * Mem Hosp, Cumberland * Garrett Cty. Mem. * Howard Cty. Gen. * Sacred Heart Hospital * St. Agnes Hospital * Upper Chesapeake Med * Washington Cty. Hosp. * Veteran's Affairs Med. Ctr
Amy Meister	410-872-3573	* Bon Secours Hospital * Civista Medical Center * Calvert Mem. Hospital * Carroll County General * Franklin Square Hosp. * Good Samaritan Hosp. * Greater Baltimore Med. * Harbor Hospital Center * Kernan Hospital * Md. Gen. Hosp. * Mt. Washington Ped * North Arundel Hosp * Northwest Hospital * Sheppard Pratt * Sinai Hospital * St. Jos. Med. Ctr. * Union Memorial * U of MD Med. Ctr
Carol Kreigh	410-763-6353	* Dorchester Gen. Hosp. * Chesapeake Rehab * Union Hosp. of Cecil Cty * Atlantic General * Mem. Hosp. at Easton * McCready Memorial * Peninsula Reg. Med. Ctr. * Chester River Hosp
Chris Hudnall	410-872-3536	* Inova Alexandria Hosp. * Loudoun Hosp. Ctr. * Virginia Hosp. Ctr. * Mary Washington * Children's Hospital * Inova Mt. Vernon * Dominion Hospital * Potomac Hospital * Inova Fairfax Hosp. * Prince William Hos. * Fair Oaks Hospital * Providence Hospital * Faquier Hospital * Psychiatric Instit. of Wash. * Ft. Washington Med. Ctr. * Reston Hosp. Ctr. * G. Washington Hosp. * N. Va. Community * Greater SE Comm. Hosp. * Veteran's Affairs
Shawnette Dickens	410-872-3537	* Doctor's Comm. Hosp. * Sibley Mem. Hosp. * Georgetown Hosp. * So. Md. Hosp. Ctr. * Holy Cross Hosp. * Suburban Hospital * Hosp. for Sick Children * Wash. Adventist * Howard Univ. Hosp. * Wash. Hosp. Ctr. * Laurel Reg. Hosp. * Walter Reed Hosp. * Montgomery Gen. Hosp. * Nat. Naval Med. * Nat. Rehabilitation Ctr. * Malcolm Grow Med. * Potomac Ridge * DeWitt Army Hosp. * Prince George's Hosp. Ctr. * St. Elizabeth Hos * Shady Grove Adventist Hosp.

Important Phone Numbers and Addresses

As of February 2007 : Here is a list of the CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. service areas that handle Maryland and National Capital Area provider inquiries. Please copy or detach for future reference. Information that has been added or changed since this page last appeared (January/February 2007) is printed in blue font.

PROVIDER SERVICES

MD INDEMNITY – XW PREFIX AND BLUECARD® CLAIMS

410-581-3581 / 800-437-2332

Claims (including oral surgery): CareFirst BlueCross BlueShield, P.O. Box 9784, Baltimore, MD 21284-9784

Correspondence: CareFirst BlueCross BlueShield, P.O. Box 811, Owings Mills, MD 21117-0811

Mental Health for Level III and Key Groups only

410-581-3581 / 800-437-2332

Claims: CareFirst BlueCross BlueShield, P.O. Box 822, Owings Mills, MD 21117-0822

NCA INDEMNITY – XIA PREFIX AND BLUECARD® CLAIMS

202-479-6560 / 800-842-5975

Claims: CareFirst BlueCross BlueShield, P.O. Box 96242, Washington, DC 20090-6242

Correspondence: CareFirst BlueCross BlueShield, P.O. Box 644, Owings Mills, MD 21117-9998

CAREFIRST BLUECHOICE – XIC PREFIX

202-479-6560 / 800-842-5975

Claims: CareFirst BlueChoice Claims, P.O. Box 804, Owings Mills, MD 21117-9998

Correspondence: CareFirst BlueChoice, P.O. Box 644, Owings Mills, MD 21117-9998

BLUEPREFERRED – XIP PREFIX

202-479-6560 / 800-842-5975

Claims: CareFirst BlueCross BlueShield, BluePreferred Claims Division, P.O. Box 804, Owings Mills, MD 21117-9998

Correspondence: CareFirst BlueCross BlueShield, BluePreferred Correspondence, P.O. Box 644, Owings Mills, MD 21117-9998

NASCO PROVIDER SERVICES

NASCO – NATIONAL ACCOUNTS SERVICE AND CLAIMS OPERATIONS

Northrop Grumman - NRG Prefix

877-228-7268 for claims information
800-972-8088 for benefit information

Claims and correspondence: CareFirst BlueCross BlueShield, P.O. Box 1684, Cumberland, MD 21501-1684

NASCO PROVIDER SERVICES

Northrop Grumman - ESS or NGC Prefix

800-516-1269

Claims: CareFirst BlueCross BlueShield, P.O. Box 9784, Baltimore, MD 21284-9784

Correspondence: CareFirst BlueCross BlueShield, BlueCard Host, 10455 Mill Run Circle, Owings Mills, MD 21117

State of Maryland POS

877-228-7268

Claims: CareFirst BlueCross BlueShield, P.O. Box 9885, Baltimore, MD 21284-9885

Correspondence: CareFirst BlueCross BlueShield, State of Maryland Operations Center, Correspondence Dept., P.O. Box 9885, Baltimore, MD 21284-9885

All Other NASCO Accounts

877-228-7268

Claims and correspondence: CareFirst BlueCross BlueShield, P.O. Box 1725, Cumberland, MD 21501-1725

FEP PROVIDER SERVICES

FEP – FEDERAL EMPLOYEE PROGRAM – R PREFIX

Professional and Institutional providers in Montgomery & Prince George's counties, Washington, DC and Northern Virginia (east of Rt. 123*)
202-488-4900

Claims: CareFirst BlueCross BlueShield, FEP Claims, P.O. Box 96242, Washington, DC 20090-6242

Correspondence: CareFirst BlueCross BlueShield, 840 First Street, NE, Washington, DC 20065

*For providers west of Rt. 123, send all claims and correspondence to local plan.

ALL OTHER MD FEP PROVIDERS

Professional

410-581-3568 / 800-854-5256

Institutional

410-581-3567 / 800-321-2580

Claims: FEP Claims, P.O. Box 801, Owings Mills, MD 21117-0801

Correspondence: FEP Correspondence, P.O. Box 811, Owings Mills, MD 21117-0811

Important Phone Numbers and Addresses

PROVIDER CONTACTS

BLUECARD®

800-676-BLUE (2583) for eligibility

PROVIDER INFORMATION AND CREDENTIALING

410-872-3500 / 877-269-9593

Fax: 410-872-4107 / 866-452-2304

Correspondence: CareFirst BlueCross BlueShield,
10455 Mill Run Circle, P.O. Box 825, Mailstop CG-41,
Owings Mills, MD 21117-0825

PROVIDER RELATIONS & PROFESSIONAL CONTRACTING

410-872-3500 / 877-269-9593

Fax: 410-505-6900 / 866-452-2306

Correspondence: CareFirst BlueCross BlueShield,
10455 Mill Run Circle, P.O. Box 825,
Mailstop CG-52, Owings Mills, MD 21117-0825

INSTITUTIONAL AND VENDOR CONTRACTING

410-872-3500 / 877-269-9593

Fax: 410-872-4106 / 866-452-2305

Correspondence: CareFirst BlueCross BlueShield,
10455 Mill Run Circle, P.O. Box 825,
Mailstop CG-51, Owings Mills, MD 21117-0825

PROVIDER SEMINAR REGISTRATION

Professional, hospital and ancillary seminar registration
877-269-2219

CARE MANAGEMENT

Authorizations

866-PRE-AUTH (773-2884)

Fax for authorization: 410-528-7027

Case Management

410-605-2413 / 888-264-8648

Correspondence: CareFirst BlueCross BlueShield, Care
Management, 100 South Charles Street, Tower II,
Mailstop BALT-72, Baltimore, MD 21201

AUTOMATED VOICE RESPONSE UNITS

BLUELINE

MD Region – Authorizations, eligibility and claim and
benefit inquiry for PPO, MPOS, PPN and MD Indemnity
410-581-3535 / 800-248-8410

FIRSTLINE

NCA Region – Eligibility, claim and benefit inquiry for
CareFirst BlueChoice, BluePreferred and NCA Indemnity
202-479-6560 / 800-842-5975

FEP – Eligibility, claim and benefit inquiry
202-488-4900

MARYLAND POINT OF SERVICE (MPOS)

REFERRAL FAX LINE

MPOS Referrals

Fax for referrals: 410-998-5741

FORMS REQUEST LINE

MD Region – Authorization forms, MPOS referral forms,
information request forms, BlueLine Quick Reference Cards
410-998-4667

NCA Region – FirstLine

202-479-6560 / 800-842-5975

VENDOR CONTACTS

CAREMARK

Pharmacy benefits manager (Before April 1, 2005)
800-294-5979 for prior authorization requests
Fax: 888-836-0730

ARGUS

Pharmacy benefits manager (Beginning April 1, 2005)
800-314-2872 for prior authorization requests
Fax: 800-315-4025

LABORATORY CORPORATION OF AMERICA (LABCORP)

Contracted vendor for CareFirst BlueChoice members
800-322-3629

MAGELLAN HEALTH SERVICES

Inpatient & outpatient mental health and substance abuse
services
800-245-7013

MCKESSON SPECIALTY

Supplier of injectable drugs
888-456-7274

ELECTRONIC CLAIMS

Emdeon	800-845-6592
MedAvant (formerly ProxyMed)	800-792-5256, ext. 813
MTrans (Misys)	800-347-3473, ext.2188
Payerpath	877-623-5706, ext. 2
Per-Se Technologies, Inc.	
Institutional	800-693-6890
Professional	847-608-7000
Professional Management Group (PMG)	804-323-0275
ProtoMed	800-648-4836
RealMed	877-927-8000

DISEASE MANAGEMENT

To refer patients to a program call:

Asthma/COPD	800-323-4472
Diabetes and Heart Disease	800-783-4582
Oncology	888-264-8648



Pharmacy Updates

New Quantity Limits

Drug	Quantity Limit
Asmanex®	1 inhaler (0.24 grams)/30 days or 3 inhalers (0.72 grams)/90 days
Diabetic test strips (various brands)	3 boxes (#300 test strips)/30 days or 9 boxes (#900 test strips)/90 days
Migranal®	8 ampules per 34 days
Nuvaring®	1 ring/28 days or 3 rings/84 days
Oxycontin® extended release	120 tablets (combined total of all strengths) per 34 days

New Generics

The following drugs now have generic equivalents. As a result, the brand-name drug has moved to non-preferred (tier 3) and the generic alternatives are now available at tier 1.

Brand name	Generic
Efudex® 5% cream	Fluorouracil
Wellbutrin® XL 300mg	Budeprion XL 300mg
Zofran®	Ondansetron

The following drugs now have generic equivalents. As a result, the generic alternative is available as a tier 1 or generic drug. The brand-name drug remains on tier 3 or non-preferred.

Brand name	Generic
Pamine®, Pamine® Forte	Methscopolamine
Toprol® XL	Metoprolol SR

For the most current preferred drug list, prior authorization forms and pharmaceutical management procedures, visit www.carefirst.com > Providers & Physicians > Prescription Drugs. For a paper copy of the formulary and pharmaceutical management procedures, call 877-800-3086.

Change in Prior Authorization Process for Self-injectable Drugs

On March 1, 2007, CareFirst and CareFirst BlueChoice simplified the prior authorization and medication fulfillment processes for the following self-injectable drugs: Aranesp®; Procrit®; Epogen®; Growth Hormones; Leukine®; Neumega®; Neupogen®; Neulasta®; Enbrel®; Humira®; Kineret®; and Raptiva®.

New prior authorization forms will be used for the medications noted above. These forms can be obtained from the Providers & Physicians section of www.carefirst.com by selecting Prescription Drugs, then Prior Authorization in the Solution Center or by calling CareFirst Pharmacy Management at 877-800-3086. The new forms will be used to request authorization AND medication fulfillment for all CareFirst and CareFirst BlueChoice patients. The forms include a prescription field, so once the form has

been completed and signed it will be used as the patient's prescription. Completed forms should be faxed directly to our preferred specialty pharmacy vendor, ICORE Healthcare, at 866-546-2925 (as indicated on the forms). ICORE Healthcare will notify you and the member of approval within two business days. In addition, ICORE Healthcare will fill the medication and contact the patient for coordination of delivery and payment. With this new process, no separate prescription will be required for the patient. To avoid filling duplications of the medication, please do not provide a prescription to the patient.

For additional information, please contact CareFirst Pharmacy Management at 877-800-3086, or ICORE Healthcare at 866-522-2486.

Formulary Changes

Effective April 1, 2007, Nasonex® and Rhinocort® will move to non-preferred (tier 3) status on our preferred drug list, resulting in a higher co-payment for members who are currently using these drugs. The lowest co-payment will be available with the use of formulary alternatives fluticasone and flunisolide, which are available as tier 1 or generic drugs.

What's the Big Deal About Coding – Besides Getting Paid?

"It's easier and takes less of my time to code abdominal pain, a code we use all the time, rather than look up the code for cholelithiasis."

"I'm not going to waste my time with all these codes. I'm being paid to take care of patients, not to be an expert coder."

These are comments from practitioners and their office staff upon hearing pleas for accurate coding from health insurance plans. The inaccurate codes are often discussed when practitioners call to learn why their claims were rejected or they were reimbursed lower than expected.

Submitting accurate claims to insurance companies for proper reimbursement is perhaps your most important reason to pay attention to the codes you use, but there are other ways code usage can have an impact on your practice.

The Problem

An article in the March 2005 Physicians Practice magazine states that the use of CPT codes is beset with a 45 to 55 percent error rate – and interventional radiologists' coding was wrong 82 percent of the time. Since some codes change as frequently as quarterly, it is important to keep up-to-date with the CPT, HCPCS and ICD-9 codes.

Diagnosis codes (ICD-9-CM) have to be documented for each CPT/HCPCS code to verify medical necessity. The diagnosis codes should be as specific as possible to support the procedure or evaluation performed.

The current state of health care delivery demands more and better information to make decisions. The amount of information will not diminish in the near future and the mechanism for retrieving this valuable source of information – claims -- will continue until a novel, improved method takes its place. Since practices are impacted in multiple ways by how they code claims, it is best for those practitioners to pay close attention to how this process is performed in the office.

Monitoring Trends in Care

Health insurance plans, the government and researchers are some of the entities that use claims data to monitor trends in health care utilization and costs. Plans want to make projections about medical conditions that are on the rise and cost more to support in order to adequately allocate resources. Federal and state governments undertake similar activities, and also use the information to develop programs to address community needs, such as promoting appropriate planning and space for enhanced physical activity to fight obesity in areas where heart disease and diabetes are prevalent.

Researchers use claims data in many projects to obtain large

sample sizes, which are often resource prohibitive when using alternative methods like surveys and medical record reviews. Many of these studies are published in peer reviewed journals read by the community's practicing physicians, and the findings are at times integrated into the way those practitioners deliver medicine. So how claims are coded has a greater impact on health care delivery than just providing a mechanism for reimbursement.

Quality of Care Measurement

Measurements of quality health care delivery are frequently conducted using claims data by organizations such as health insurance plans, the National Committee for Quality Assurance (NCQA) and the Centers for Medicare and Medicaid Services (CMS). The results of those measurements are used in public reporting to assist consumers in making choices about where to receive their health care (report cards), and in various programs that have an impact on practitioners' finances, such as Pay for Performance (P4P), variable reimbursement based upon performance compared to peers and tiered network selection.

Recent focus has been upon measures that assess not only the quality of health care delivered -- such as the receipt of HbA1c tests and eye exams in diabetes patients, as well as the outcomes and complications of those patients - - but also much more on the utilization of resources in managing patients' clinical conditions. Health Maintenance Organizations and other health plans have used this cost measure for years, and is now tested by NCQA and CMS for use in their programs. This measure is known by several names like "cost efficiency" and "relative resource utilization."

Detection of Inappropriate Billing Practices

Mining of claims is performed by health plans and government programs to detect fraud and abuse by providers filing for reimbursement. There are many software programs available that have algorithms to detect abnormal patterns and flag for closer scrutiny by knowledgeable health care delivery personnel. Consequently, significant sums of money have been returned to payers as a result of this activity, and providers are subject to legal ramifications if they knowingly participate in this type of activity.

Limitations of Claims Data

Claims data lack the robust clinical information found in other sources of medical information like medical records, i.e., physical findings and co-morbid conditions. There are limitations to the number of diagnoses that most practitioners code. When assessing outcomes of care, risk adjustment is needed to account for the sicker patients a

What's the Big Deal About Coding – Besides Getting Paid? (continued)

practice might see compared to their peers. If the severity of the illness and other co-morbid conditions are not documented in the coding, the clinical condition being studied probably will not be adequately risk adjusted using claims. Although medical records are best for the rich clinical information, this process is very resource intensive – financial, time commitments and availability of qualified personnel to perform data abstraction.

Poor coding as to specificity of diagnosis and procedures is a frequent complaint of using claims data by those conducting the analysis and, indirectly by the practitioners that may be negatively impacted by the use of the ultimate analysis results. Practitioners admit to not coding well and say they have no urgent need to improve on this administrative function.

Movements to Address Some Concerns

Multiple quality improvement and measurement organizations, such as the National Quality Forum (NQF), NCQA and CMS, are confronted with the dilemma of being held accountable for promoting valid quality measurements over a broad spectrum of providers, but have a lack of data to perform the measurement. Several potential solutions have been proposed whereby more detailed information is captured through the coding process.

Medicare implemented the Physician Voluntary Reporting Program (PVRP) in 2006 to promote data collection and measurement by practitioners on 36 evidence-based clinically valid measures that have been endorsed by the physician community. This program is currently voluntary with discussions touching on perhaps using results in P4P and/or “Pay for Participation” programs down the line. This is a Medicare program and not a commercial insurance program.

The measures in this program use Medicare developed G-codes, which are HCPCS codes that supplement the usual claims with clinical information demonstrating the quality of services delivered to Medicare beneficiaries. CPT Category II codes can also be used for some of these measures. This is considered an interim step on the way to electronic data submission through EMRs when they are widely adopted. An example of G codes that might be used for a patient with a history of a prior myocardial infarction that is being seen in the office and included in that practice's measurement follows:

G8033: Prior myocardial infarction: coronary artery disease patient documented to be on beta-blocker therapy

G8034: Prior myocardial infarction: coronary artery disease patient not documented to be on beta-blocker therapy

G8035: Clinician documented that prior myocardial infarction – coronary artery disease patient was not an

eligible candidate for the beta-blocker therapy measure or the patient had no prior myocardial infarction

There is no additional reimbursement from Medicare for inclusion of the G codes, and many health plans, including CareFirst, do not recognize these codes.

Use of more detailed diagnostic codes has also been proposed. The ICD-9 codes are being updated to the ICD-10 codes, which are alphanumeric and have seven digits. The newer codes are more specific and increase the number of codes from ~13,000 diagnosis codes for ICD-9 to 120,000 for ICD-10, while the number of procedure codes increases from 11,000 to 87,000. Other countries have used the updated codes for several years. One reason cited for the update was enhancing data needs for health researchers and statistical analysis.

An example is a change from the sole code used for a sports injury resulting from being struck to the new 24 codes that list what object caused the impact – cleats, diving board, football, baseball, softball, soccer ball, golf ball, hockey puck, ice skate blades, etc. After protest by many concerned parties, including health insurance plans, Congress now targets the implementation of the ICD-10 codes for 2010. Training and understanding this new coding scheme will have a significant impact on practices.

What Can You Do?

Basic steps that practices can take include employing a certified, experienced coder to complete insurance claims, and keeping current with coding changes. Ways to maintain currency include attendance at coding seminars and/or referencing updated provider coding manuals from the relevant health plans with which the practice contracts.

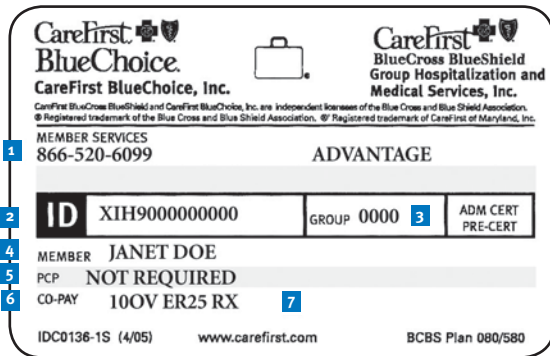
Some state and specialty medical societies offer or promote coding seminars to maximize reimbursement, but those methods may not be acceptable and reimbursable by health plans if they are not consistent with nationally recognized coding manuals and payers' policies. In addition, because a code is found in a coding manual does not mean that a procedure or service will be reimbursed. This view is stated in the CPT manual – “Inclusion or exclusion of a procedure does not imply any health insurance coverage or reimbursement policy.” If you are unsure, check with the health plan's provider manual and contact the plan representative to determine what the specific insurance product covers.

CareFirst Products

CareFirst BlueChoice to Introduce BlueChoice Advantage

To provide members more choices and easier access to health care, on April 1, 2007, CareFirst BlueChoice will introduce “BlueChoice Advantage,” a new product that offers members the freedom to choose their own doctor and/or specialist. With BlueChoice Advantage, members do not have to choose a primary care provider and referrals are not necessary to see specialists.

All CareFirst BlueChoice, PPO and Par providers should treat patients who present a CareFirst BlueChoice ID Card with “Advantage” printed on the front.



BlueChoice Advantage allows members access to three tiers of care:

Tier 1: Members receive care from a CareFirst BlueChoice network practitioner, specialist, hospital or other providers who participate in CareFirst BlueChoice’s provider network. Members receive the highest level of coverage at the lowest out-of-pocket expense.

Tier 2: Members receives care from any CareFirst participating provider and are responsible for all deductibles and co-insurance.

Tier 3: Members receive care from a non-participating provider and are responsible for all deductibles and co-insurance. Members must also pay the non-participating provider’s charges in full and receive reimbursement allowed under the contract directly from CareFirst BlueChoice.

CareFirst BlueChoice providers should continue to direct members to LabCorp for lab services. CareFirst BlueChoice contracted providers should be utilized for radiology, physical, occupational and speech therapies and chiropractic services for members to pay the lowest out-of-pocket cost. The product is designed to encourage members to use CareFirst BlueChoice providers, as their benefits will not be subject to deductibles or co-insurance. Deductibles and co-insurance will apply to members using PPO or PAR providers.

Providers may begin seeing CareFirst BlueChoice Advantage identification cards in April, as new members join the plan. For easy identification, CareFirst BlueChoice Advantage members will have the Prefix XIH on their membership card. If you have questions, please contact your Provider Relations Representative.

BlueLink is published bimonthly by CareFirst BlueCross BlueShield’s Corporate Communications Department.

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