

News You Can Use

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Requests for Pre-Service Approvals Update

The September/October issue of “News You Can Use” should have included the Federal Employee Plan (FEP) guidelines which are different from the commercial guidelines. For clarity both guidelines are restated below.

Commercial Guidelines (non-FEP)

Pre-service reviews are only done when the procedure or the member’s contract requires a pre-service/pre-authorization review.

- You can determine that the procedure requires a pre-service approval by accessing the member’s benefits on CareFirst Direct, or by calling the customer service number on the back of the patient’s card.
- In some cases the procedure will be reviewed when the claim is filed for reimbursement. This is done to review the procedure against CareFirst’s Medical Policy or other adjudication policies.

FEP Guidelines

Pre-service reviews are done at the request of the provider, or when the FEP member’s contract requires the review.

Basic Criteria for Provider Requested Reviews:

- The patient is being treated for a life threatening diagnosis such as cancer, aids etc.
- The service is being done on an outpatient basis.
- The cost of the service is considered high dollar. The benchmark amount is usually \$5000.00, but the actual amount is flexible.

Walmart Coverage Updates

Beginning January 1, 2010, Arkansas BlueCross BlueShield will be the Home Plan for all Walmart Associates (except Hawaii). Also during that time, New Directions will be Walmart’s behavioral health care vendor. CareFirst’s PPO network will continue to be in-network for Walmart associates. New Directions will also use the CareFirst PPO network. You may contact New Directions online at www.ndbh.com.

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Provider Information and Credentialing Reminders

Network providers who need to change their provider information must complete a Change in Provider Information form. You can find it at: www.carefirst.com > *Providers & Physicians > Forms.*

Print the form and complete the applicable information, including the information regarding accepting new patients (open/close panel). Be sure to include your office letterhead when returning the completed form.

The mailing address is:

CareFirst BlueCross BlueShield
Provider Information and Credentialing
Mailstop CG-41
10455 Mill Run Circle
Owings Mills, Md. 21117-0825

You may also fax the completed form to: 410-872-4107.

If you need copies of your contract or have additional questions regarding credentialing and participation, please direct your calls to CareFirst Provider Information and Credentialing at 410-872-3500 or 1-877-269-9593.

Hearing Aid Fee Schedule Update and Policy Change

Effective January 1, 2010, reimbursement will increase for the fourteen (14) most frequently billed hearing aid device codes. Additionally, a new policy regarding reimbursement for hearing aid devices will take effect.

Highlights:

- **Policy change:** Providers must accept the allowed reimbursement as payment in full. Members may not be balance billed.
- **Exception:** In cases where reimbursement is based on a maximum benefit amount, such as the Maryland Mandate for Children, providers may balance bill the member up to charge.
- The member continues to be responsible for any applicable deductible, coinsurance or copayment.
- Coding guidelines can be found in the CareFirst General Information Manual.
- These changes are applicable to all CareFirst networks, including CareFirst BlueChoice, Inc. and FEP members.

Providers can obtain additional information regarding codes or fee allowances from their designated Professional Provider Relations Representative or Provider Relations Analyst.

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CareFirst Administrators

CareFirst Administrators did not include the alpha prefix as part of the member identification (ID) number on ID cards. This issue was corrected beginning on June 1, 2009 on all new business.

However, there are still five employer groups that include the CareFirst Administrators logo on their ID cards but do not include the alpha prefix.

Group Name	Alpha Prefix
Baltimore Ravens	BZV
KPSS, Inc.	KPX
Navy Federal Credit Union	NFH
Union Hospital of Cecil County	UCO
Virginia Hospital Center	HVU

For these five groups, the three character prefix is located in the group number field on the ID card. For billing purposes, providers are asked to include the three character alpha prefix in front of the member ID number.

CareFirst Administrators will begin issuing new ID Cards to all members associated with the above five employer groups as soon as possible with a completion date of 12/31/09. Once the new ID cards are distributed, members will be instructed to discard the old cards.

For more information, contact CareFirst Administrators at 866.945.9879.

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Consumer-Directed Health On-Line Training

We are pleased to announce that a new training module for Consumer-Directed Health (CDH) Plans is available in the Center for Provider Education & Training section of our website (www.carefirst.com > *Physicians & Providers* > *Center for Provider Education & Training*).

Consumer Directed Health plans are growing in popularity, with more than 300,000 CareFirst members currently enrolled.

The information offered in this training module will prove essential to improving business practices within your office. Please take a few minutes to expand your knowledge about Consumer-Directed Health Care.

This self-paced module will help you:

- Understand why CDH plans are growing in popularity;
- Identify patients who are covered by high deductible plans;
- Describe the types of accounts used to pay for health care under Consumer- Directed Health plans and recognize the impact they may have on your patients and your practice;
- Apply some best practices used by other health care providers to your practice, as appropriate; and
- Recognize some specialty specific issues related to these plans

Please be sure to rate the module after completion. Your feedback is essential as we evaluate our efforts to provide you with useful information