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Reminder: Submit Legacy IDs on Paper Claim Forms CMS 1500 and UB04

When submitting claims on either the CMS 1500 or UB04 paper forms, you must include your legacy provider number; the National Provider Identifier number is optional. Paper claims (CMS1500 and UB04) are not considered HIPAA-covered transactions, therefore providers must continue to use legacy provider numbers on the paper claim forms.

For professional claims submitted to CareFirst of Maryland, Inc., include the 4-digit (plus initials) legacy provider number in Box 33b. For professional claims submitted to CareFirst and CareFirst BlueChoice, and GHMSI, include the 8-digit (4-digit group plus 4-digit member) legacy provider number in Box 33b. For additional details, refer to the article “What you Need to Know about the CMS 1500 08/05 Claim Form” in the March/April 2007 issue of BlueLink.

For institutional claims submitted to CareFirst of Maryland, Inc., include the 8-digit legacy provider number in Field Locator 57a. For institutional claims submitted to GHMSI, include the 3-digit legacy provider number in Field Locator 57a. For additional details, refer to the article “What you Need to Know about the UB-04 Form” in the May/June 2007 issue of BlueLink.

Using your legacy provider numbers when submitting paper claims forms will expedite the processing and ensure that payments are made with the correct provider number.

Revised Policy Regarding DME Codes

On Sept. 30, 2008, CareFirst and CareFirst BlueChoice notified providers that effective Jan. 1, 2009, DME codes E0561, E0562, E0601 and E0602 would no longer be covered as rentals and must be provided and billed to members on a purchase only basis. We have reconsidered our initial decision, and providers may continue to bill these codes as both purchase and rentals.

These changes are applicable to the CareFirst networks in which you participate. If you have any questions about these changes, please contact your Professional Provider Representative.



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

Note: All references to “CareFirst” in this publication refer to CareFirst BlueCross BlueShield. All references to “CareFirst BlueChoice” refer to CareFirst BlueChoice, Inc.

Claims and Billing

New Member ID Cards Effective January 22, 2009

CareFirst and CareFirst BlueChoice began issuing new ID cards on Jan. 22, 2009. The new cards have a more user-friendly format for both member and providers. Current information such as member name, group name, group number, co-pays, OPEN ACCESS and service numbers will still appear on the ID cards, but their placement will change.

Please be advised that the effective date was changed. The last issue of BlueLink stated that the effective date was Jan. 1, 2009.

If you have any questions about this change, please contact Provider Services. You may also attend a “Basics and Updates” seminar to learn more.

Account Migration to New Claims Platforms



CareFirst moved 35 large groups from our older claims processing systems to the NASCO platform on Jan. 1, 2009. During the next two years, we will move all of our non-FEP business to either NASCO or FACETS.

Following the migration, groups will have new, custom prefix numbers. You will find that products such as BlueChoice and BluePreferred --- ones you may traditionally associate with other CareFirst legacy systems --- will be processed on NASCO or FACETS. All rules normally associated with these products still apply, including using your GHMSI provider number for BlueChoice members.

To help with the migration, remember to always verify member's benefits. When you check in a CareFirst member, ask to see their identification (ID) card to ensure that your information is current. Since a patient may have changed products at renewal or migrated to another platform, their membership number may have changed.

Therefore, just asking if they still have CareFirst insurance is not enough. If their information has changed and/or they have migrated to another platform and you submit a claim to the old address using outdated information the claim will be rejected. So, getting the information in advance can save time for you and your patients.

To help you learn more about this migration, we are sponsoring several upcoming Web-based seminars (webinars.). During the webinars, which last about 45 minutes, you will learn which groups are being processed on NASCO, be given helpful hints and hear answers to some common questions. Sessions are targeted toward institutional and professional providers.

We strongly encourage you to participate in these sessions. In the event that they become full, additional session will be scheduled as needed.

Claims and Billing

Air or Sea Ambulance Services

The criteria to determine the appropriateness of air ambulance service has been in the national news media lately. Accordingly, it's an appropriate time to remind members of our networks that the criteria for these services that are specifically documented in CareFirst's medical policy. An excerpt from CareFirst policy number 10.01.005 is listed below.

CareFirst policy number- 10.01.005

Air or sea emergency ambulance services are considered medically necessary in exceptional circumstances. In these circumstances, all of the criteria pertaining to ground transportation must be met as well as any of the following:

- The patient's medical condition is such that the time needed to transport by land poses a threat to the patient's health and requires immediate and rapid transport that could not have been provided by a ground ambulance
- The point of pick-up is inaccessible by land vehicle
- Great distances, limited timeframes or other obstacles are involved in getting the patient to the nearest hospital with the appropriate facilities for treatment, (e.g., transport of a critically ill patient to an approved transplant facility with a waiting organ).



This policy statement relates only to the services or supplies described herein. Coverage will vary from contract to contract and by line of business. Coverage should be verified before applying the terms of the policy.

Revised rate for E0784 Insulin Pump

CareFirst and CareFirst BlueChoice notified providers last fall that the rate for the E0784 insulin pump would be \$3,600, effective Dec. 31, 2008. That rate was in effect until Jan. 14, 2009.

Upon re-evaluation, CareFirst and CareFirst BlueChoice decided to increase the rate to \$4,200, effective Jan. 15, 2009. Beginning with the service dates of Jan. 15, 2009, CareFirst and CareFirst BlueChoice will reimburse providers \$4,200 for E0784 insulin pump.

If you have any questions, please contact your provider representative.



A Reminder . . .

Please remember to check patients' benefits during each office visit, as benefits often change due to group changes and new policies. Checking benefits in CareFirst Direct should be a daily routine within your office.

What's Happening

AdvantageBlue Private Fee for Service (PFFS) Celebrates Its First Anniversary

AdvantageBlue Private Fee for Service (PFFS), the Medicare Advantage product offered by Medi-CareFirst, marked its first anniversary on Jan. 1, 2009. AdvantageBlue PFFS offers significant benefits to beneficiaries, including coverage for preventative services such as an annual physical exam and routine screenings.

Your office may receive additional calls from our members, so training is available. To learn more about AdvantageBlue PFFS, you can participate in a web-based seminar right from your office or contact your provider relations representative. For additional information on AdvantageBlue PFFS or to read the updated 2009 Provider Terms and Conditions of Payment, visit the Providers and Physicians section of www.carefirst.com.

In addition to member benefits, AdvantageBlue PFFS offers benefits to our providers as well:

- No networks associated with the AdvantageBlue PFFS product
- Members may see any provider who is eligible to participate with Original Medicare and accepts our terms and conditions of payment
- Providers will receive a single reimbursement check for services provided
- Claims submission guidelines, turn around times, etc. match those of Original Medicare

CareFirst Direct Makes It Easy

CareFirst and CareFirst BlueChoice continue to make improvements to CareFirst Direct, making it easier for providers to both gather patient information and do business with us. Below are recent enhancements:

Claims Redesign

We have redesigned our claims screens to make it easier to use. The claims grid enables providers to sort and search based on a variety of criteria. Users can now hide and expand columns, and the screens have many other “spreadsheet” features. The provider ID drop down box has been removed from the inquiry portion of the screen to speed up searches.

Accumulator Data

CareFirst Direct eligibility screens for Maryland and Washington, D.C. members now include:

- Individual and family benefits remaining
- Out of pockets
- Stoploss
- Lifetime max amounts

Coordination of Benefits

The members' Coordination of Benefits form is now available on the eligibility summary screen.



What's Happening

CDH – The Basics And Beyond

As more groups migrate to Consumer Driven Health (CDH) plans or other plans with high deductibles, it becomes more important that you understand these products. To help you, in December 2008 we began offering web-based seminars called “CDH – The Basics and Beyond.” To register for this or any of our other training opportunity, visit the Providers and Physicians section of www.carefirst.com. Please check back regularly, as we are always offering new classes.



Reminder: FEP Vision Benefits – Medically Necessary vs. Routine/Preventive Care



FEP members have multiple options for vision care. The medical portion of the policy provides benefits for examinations related to a medical condition. Also, eyeglasses or contact lenses are covered, with limitations, either in lieu of surgery, or if required as a result of accidental ocular injury or ocular surgery.

For routine/preventive vision care, FEP members are entitled to discounts through the Vision Care Affinity Program. They may also choose to enroll in FEP BlueVision, a separate vision plan, which offers basic services at no cost, as well as savings on additional services. Davis Vision administers the network of vision providers.

Therefore, when FEP members seek treatment, in-network vision providers should be diligent in their efforts to correctly identify the type of vision coverage and follow the proper procedures, such as claim filing, when applicable.

Health Care Policy

Medical Policy Updates

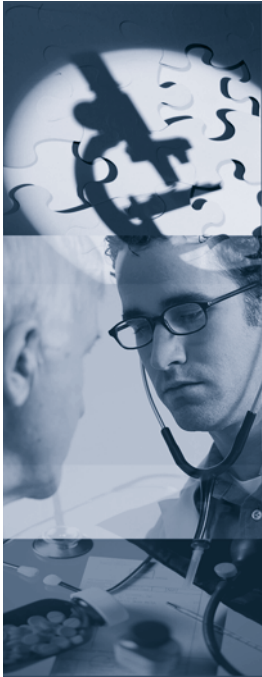
Our Health Care Policy department continually reviews medical policies and operating procedures as new, evidence-based information becomes available regarding advances in new or emerging technologies, as well as current technologies, procedures and services.

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.

MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
Introduction to the Medical Policy Reference Manual (MPRM), under section Medical Policy Reference Manual and Archived Documents	The following information was added to the Introduction section.“ A policy or operating procedure may not require review every two years if it is either primarily administrative in nature or addresses operational issues only, is mandated by statute or regulation, or it is unlikely that further published literature would change the determination.” See introduction for further details.	MPRM revision Effective 1/9/09
1.01.011 Continuous Passive Motion (CPM) Device	The Policy statements were changed to read, “The continuous passive motion (CPM) device is considered medically necessary in the immediate postoperative period as an adjunct to active physical therapy for use on the knee following total knee replacement/arthroplasty,” and “The use of the CPM device for all other joints and conditions is considered experimental/ investigational.” Under Policy Guidelines, reduced the maximum benefit for the use of the CPM device from a 30- day post-operative period, to a 21-day post-operative period. Under Policy Guidelines added an updated 2008 rationale statement.	Periodic review and update Effective 4/21/09
1.01.013A Coverage for Hair Protheses	Under Benefit Applications added statement regarding contracts with a health saving account-compatible high deductible health plan. See operating procedure for details.	No further review is scheduled Effective 1/9/09
2.01.021 Temporomandibular Joint (TMJ) Dysfunction	Under Provider Guidelines added “NOTE: It is advised that all conservative, non-surgical therapy be accomplished before any invasive procedure is contemplated.”	Periodic review and update Effective 1/9/09
2.01.029 Carbogen Therapy for Idiopathic Sudden Hearing Loss	Under Policy Guidelines added an updated 2008 rationale statement.	Periodic review and update Effective 1/9/09
2.03.007 Photodynamic Therapy	Description revised. Under Policy statement added medically necessary indications for dermatologic applications to include superficial basal cell skin cancer and Bowen’s disease, only when surgery and radiation are contraindicated. Under Policy Guidelines added an updated 2008 rationale statement.	Periodic review and update Effective 1/20/09

Health Care Policy

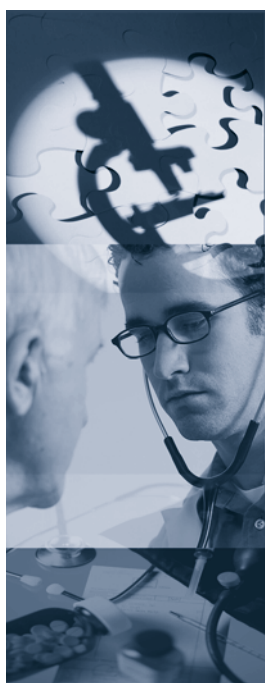
Medical Policy Updates



MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
5.01.009 Human Growth Hormone (HGH) Therapy for Children and Adults	Under Policy statement added the following medically necessary indication: "Prepubertal children with short stature associated with Noonan syndrome with height at least two standard deviations below the mean for chronological age and sex and growth velocity (GV) measured over one year prior to initiation of therapy of one or more standard deviations below the mean for age and sex." Under Policy Guidelines added an updated 2008 rationale statement.	Periodic review and update Effective 1/20/09
5.01.017 Quadrivalent Human Papillomavirus (Types 6, 11, 16, 18) Recombinant Vaccine (e.g., Gardasil)	Under Policy statement added medically necessary indications to include prevention of cervical cancer precursors, vaginal and vulvar cancer precursors and anogenital warts. Under Policy Guidelines, added an updated 2008 rationale statement. Under Provider Guidelines added recommendation that the patient be observed for at least 15 minutes after being immunized to watch for allergic reactions. See Policy for details.	Periodic review and update Effective 12/29/08
6.01.013A Low Osmolar Contrast Media	No change to Operating Procedure	No further review is scheduled Effective 1/9/09
6.01.025 Scintimammography	Description revised. Scintimammography/ breast specific gamma imaging of the breast changed from medically necessary to experimental/ investigational. See policy for details. Under Policy Guidelines added an updated September 2008 rationale statement.	Periodic review and update. Effective 4/21/09
7.01.011 Bone Lengthening for Angular Deformities and Limb Length Discrepancies of Long Bones	Under Policy Guidelines added an updated 2008 rationale statement. Medically necessary and cosmetic indications remain the same.	Periodic review and update Effective 12/22/08
7.01.030 Therapeutic Apheresis	Under Policy section changed Lambert Eaton myasthenic syndrome from a medically necessary indication for therapeutic apheresis to an experimental/ investigational indication. To medically necessary indications added IgA or IgG paraproteinemia polyneuropathy. Under Policy Guidelines added an updated 2008 rationale statement.	Periodic review and update Effective 1/9/09
7.01.044 Sinus Antrostomy Using Dilation Balloon	Title changed from "Balloon Sinuplasty" to "Sinus Antrostomy Using Dilation Balloon." Under Policy statement changed balloon sinuplasty from experimental/ investigational to medically necessary for sinus antrostomy using dilation balloon. Also added "Note: CareFirst considers the sinus balloon dilation catheter as a device." Under Policy Guidelines added an updated 2008 rationale statement. Report with CPT® codes 32156, 31276 or 31287. Do not report this procedure with HCPCS code S2344. See Policy for details.	Periodic review and update Effective 12/22/08
7.01.071 Prophylactic Mastectomy	Under Policy Guidelines added an updated 2008 rationale statement. Medically necessary indications remain the same.	Periodic review and update Effective 12/29/08

Health Care Policy

Medical Policy Updates



MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
7.01.078 Interpositional Spacer for Osteoarthritis of the Knee Joint	Under Policy Guidelines added an updated 2008 rationale statement.	Periodic review and update. Effective 12/29/08
7.01.079 Laryngeal Denervation and Reinnervation for Laryngeal Dystonia	Description revised. Under Policy Guidelines added an updated 2008 rationale statement.	Periodic review and update. Effective 12/22/08
7.01.081 Photocoagulation of Macular Drusen	Photocoagulation of macular drusen changed from experimental/ investigational to not medically necessary. Under Policy Guidelines added an updated 2008 rationale statement.	Periodic review and update Effective 4/21/09
7.01.083 Percutaneous Lysis of Epidural Adhesions	Percutaneous lysis of adhesions under fluoroscopic or endoscopic guidance, with or without medication injection, changed from medically necessary to experimental/ investigational. See policy for details. Under Policy Guidelines added an updated September 2008 rationale statement.	Periodic review and update Effective 4/21/09
7.03.001 Human Organ Transplants	Check the member's contract for benefits. Under Policy statement deleted "Note: Islet cell transplantation is considered experimental/ investigational for all indications. (See new Medical Policy 7.03.007 Islet Cell Transplantation). Under Policy Guidelines added an updated 2008 rationale statement. Under Provider Guidelines, updated information regarding preauthorization.	Periodic review and update. Effective 12/22/08
7.03.007 Islet Cell Transplantation	Autologous pancreas islet cell transplantation is considered medically necessary as an adjunct to a total or near total pancreatectomy in patients with chronic pancreatitis. Allogeneic pancreas islet cell transplantation is considered experimental/ investigational for the treatment of type 1 diabetes.	New Medical Policy Effective 12/22/08
8.01.001 Physical Therapy	Under Policy Guidelines added an updated 2008 rationale statement.	Periodic review and update Effective 1/20/09
8.01.004 Occupational Therapy	Under Policy Guidelines added an updated 2008 rationale statement.	Periodic review and update Effective 1/9/09
11.01.005 Cathepsin-D	Under Policy Guidelines added an updated 2008 rationale statement.	Periodic review and update Effective 1/9/09
POLICIES UNCHANGED FROM LAST REVIEW		
11.01.030A Speculoscopy for Cervical Cancer		

**Note: Current Procedural Terminology (CPT®) codes and descriptions only are copyright of the 1966 American Medical Association. All rights reserved.*

Provider Seminars

Practitioner and Staff Seminars and Training Sessions

CareFirst and CareFirst BlueChoice offer half-day seminars, Webinars and hands-on training sessions designed to familiarize professional and institutional providers and office staff with CareFirst and CareFirst BlueChoice policy, provider-oriented procedures and tools. The types of seminars and training sessions are listed below accompanied by a brief description and its identification code to assist in selecting the presentations that best meet your needs.



Basics & Updates –designed as a new provider staff employee training tool or a refresher for a seasoned employee. This seminar will review CareFirst products, referrals, authorizations, COB and much more. The seminar will conclude with a CareFirst update and questions and answers.

Mental Health – CareFirst has added a new Professional Provider Mental Health seminar to its line-up. This seminar is designed to educate and update mental health professional providers.

Professional Seminars

Date and Time	Location	Room
Tuesday, Feb. 24, 2009 10 a.m. to 1 p.m. Basics & Updates NEW	Franklin Square Med. Ctr. 9000 Franklin Square Drive Baltimore, Md. 21237	Conference Room E
Thursday, Feb, 26, 2009 10 a.m. to 1 p.m. Mental Health NEW	CF Columbia Gateway 6731 Columbia Gateway Dr Columbia, Md. 21046	Redwood Room
Tuesday, March 10, 2009 10 a.m. to 1 p.m. Basics & Updates NEW	St. Agnes Hospital 900 Caton Ave. Baltimore, Md. 21229	Community Room A
Thursday, March 26, 2009 10 a.m. to 1 p.m. Basics & Updates NEW	CF Columbia Gateway 6731 Columbia Gateway Dr Columbia, Md. 21046	Redwood Room
Tuesday, April 7, 2009 10 a.m. to 1 p.m. Basics & Updates	Shady Grove Adventist 9901 Medical Center Drive Rockville, Md. 20850	Willow Room
Wednesday, April 22, 2009 10 a.m. to 1 p.m. Basics & Updates	Providence Hospital 1150 Varnum St. N.E. Washington, D.C. 20017	Ross Auditorium
Tuesday, April 28, 2009 10 a.m. to 1 p.m. Basics & Updates	Holiday Inn – Hagerstown 241 Railway Lane Hagerstown, Md. 21740	Conference Room

Provider Seminars

Practitioner and Staff Seminars and Training Sessions (continued)

Hospital Quarterly – designed for hospital office staff to receive updated CareFirst information.

Hospital Seminars

Date and Time	Location	Room
Tuesday, March 10, 2009 1 p.m. to 4 p.m. Hospital Quarterly	Providence Hospital 1150 Varnum St. N.E. Washington, D.C. 20017	Ross Auditorium
Tuesday, March 24, 2009 10 a.m. to 1 p.m. Hospital Quarterly	CF Owings Mills 10455 Mill Run Circle Owings Mills, Md. 21117	MPR LLo3
Wednesday, May 13, 2009 1 p.m. to 4 p.m. Hospital Quarterly	Hampton Inn – Salisbury 121 East Naylor Mill Road Salisbury, Md. 21804	Chesapeake Room
Thursday, May 28, 2009 1 p.m. to 4 p.m. DRG	Providence Hospital 1150 Varnum St. N.E. Washington, D.C. 20017	Ross Auditorium

Ancillary – Regional Ancillary Seminars – dialysis, skilled nursing facility (SNF), durable medical equipment (DME), home infusion therapy (HIT), ambulatory surgical center (ASC), hospice, home health (HH) and substance abuse and mental health (Sub/Mtl) -- will begin in April, 2009.

Ancillary Seminars

Date and Time	Location	Room
Wednesday, April 15, 2009 10 a.m. to 2 p.m. Dialysis	CF Columbia Gateway 6731 Columbia Gateway Dr Columbia, Md. 21046	Redwood Room
Thursday, April 16, 2009 11 a.m. to 1 p.m. DME	Franklin Square 9000 Franklin Square Drive Baltimore, Md. 21237	Conference E
Tuesday, April 21, 2009 11 a.m. to 1 p.m. Sub/Mtl	Providence Hospital 1150 Varnum St. N.E. Washington, D.C. 20017	Ross Auditorium
Thursday, April 23, 2009 11 a.m. to 1 p.m. SNF	Comfort Inn --- Fairfax 11180 Main St. Fairfax, Va. 22030	George Mason Room

CDF Training – CareFirst Direct Training is designed to instruct CareFirst professional and institutional providers on the dynamics of CareFirst Direct and easy navigation through the system. This is a hands-on training. Enrollees must bring their CareFirst log-on and patient information (claims) to class. Refreshments will not be served. Covered drinks are permitted. Do not bring food. If you do not have a CareFirst Direct log-on, go to <https://www.carefirst.com/signon/welcome.do> for additional information. (If in office training by your dedicated CareFirst Provider Representative is your choice of training, this will always be an option. Please call your representative and set up an appointment).

CareFirst Direct Provider Training

Date and Time	Location	Room
Thursday, Sept. 30, 2009 9 a.m. to noon Hands on	GBMC 6701 North Charles St. Baltimore, Md. 21204	Computer Training Room

Provider Seminars

Practitioner and Staff Seminars and Training Sessions (continued)

Webinar -- A Web-based training designed to present CareFirst and Carefirst BlueChoice policies and procedures to professional and institutional providers. These Webinars will last 30 minutes, but participants should allow for log on and instruction time. After enrolling, you will receive instructions prior to the presentation date via email. Webinars are CareFirst Quality Rewards qualified Web-based office staff training modules.

Webinars

Date	Subject	Time
Feb. 3, 2009	Dialysis	12:30 p.m.
Feb. 3, 2009	BlueChoice	2 p.m.
Feb. 10, 2009	SNF	12:30 p.m.
Feb. 10, 2009	Anesthesia	2 p.m.
Feb. 18, 2009	MPOS	2 p.m.
Feb. 18, 2009	Sub/Mtl Facility	12:30 p.m.
Feb. 25, 2009	DME	12:30 p.m.
Feb. 25, 2009	CFD	2 p.m.
March 3, 2009	PT/OT/ST/Chiro	10 a.m.
March 18, 2009	Hospice	12:30 p.m.
March 18, 2009	MPOS	2 p.m.
March 25, 2009	BlueChoice	10 a.m.
March 25, 2009	HomeHealth	12:30 p.m.
March 31, 2009	DRG Training	12:30 p.m.
April, 8, 2009	CDH	10 a.m.
April 14, 2009	HIT	12:30 p.m.
April 14, 2009	BlueChoice	2 p.m.
April 23, 2009	CFD	10 a.m.
April 23, 2009	Dialysis	12:30 p.m.
April 29, 2009	SNF	12:30 p.m.
April 29, 2009	MPOS	2 p.m.
April 30, 2009	CDH	10 a.m.

To register for any of these seminars, Webinars or training sessions, visit the Providers & Physicians section of www.carefirst.com for a full list of 2009's most recently updated seminars, Webinars and training sessions 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. Please note: Sign in for seminars 15 minutes prior to the scheduled start time.

Provider Representatives

Find Your Professional Provider Representatives

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

National Capital Area

Representative Name	Telephone	Specific Area
Lisa Coleman	410-872-3542	Arlington, Alexandria and Fauquier, Loudoun, Prince William, Spotsylvania and Stafford counties. D.C. MedStar
Hilda Macauley	410-872-3545	NW and SW Washington, D.C. and Howard University Professional Staff. George Washington Medical Faculty.
Kerri Kerr	410-872-3541	Fairfax County
Dawn Simmons	410-872-3547	Montgomery County (Rockville and South)
Linda Shore	410-872-3549	NE and SE Washington, D.C. and Prince George's County (Laurel) Children's Hospital Professional Staff

Central, Southern and Eastern Maryland

Representative Name	Telephone	Specific Area
Karen Brassell-Murphy	410-872-3565	E Baltimore City
Alexandra Passas-Sizemore	410-872-3567	W Baltimore City, S.W. Baltimore County
Karen Hudson	410-872-3570	SE Baltimore County, Harford County and MedStar MD
Deborah Alston	410-872-3568	NE and NW Baltimore County
Connie Bradford	410-872-3562	Howard and Montgomery (North of Rockville) counties
Glenda Ellison-Hyman	410-872-3546	Annapolis, Laurel, Jessup and Southern Anne Arundel, Calvert, Charles and Saint Mary's counties
Diane Warner	410-763-6315 or 800-334-3427 ext. 6315	Northern Anne Arundel, Cecil, Kent and Queen Anne's counties Delaware - New Castle
Tracy Cohee	410-763-6313 or 800-334-3427 ext. 6313	Caroline, Dorchester, Somerset, Talbot, Wicomico and Worcester counties Delaware - Kent and Sussex counties

Western Maryland

Representative Name	Telephone	Specific Area
Dorothy Woods	410-872-3569	Allegany, Carroll, Frederick, Garrett and Washington counties, West Virginia and Pennsylvania

Important Phone Numbers and Addresses

January 1, 2009: 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 (November/December 2008) is printed in blue font.

PROVIDER SERVICES

MD INDEMNITY – XW PREFIX AND BLUECARD® CLAIMS

410-581-3581 / 800-437-2332

Claims (including oral surgery): Mail Administrator,
P.O. Box 14115, Lexington, Ky. 40512-4115

Correspondence: Mail Administrator, P.O. Box 14114,
Lexington, Ky. 40512-4114

Mental Health for Level III and Key Groups only

410-581-3581 / 800-437-2332

Claims: Mail Administrator, P.O. Box 14117, Lexington,
Ky. 40512-4117

NCA INDEMNITY – XIA PREFIX AND BLUECARD® CLAIMS

CAREFIRST BLUECHOICE – XIC PREFIX

BLUEPREFERRED – XIP PREFIX

BLUECHOICE ADVANTAGE – XIH PREFIX

BLUE PRECISION – BLUE PRECISION LOGO ON ID CARD

MHIP - MHIP LOGO ON ID CARD

202-479-6560 / 800-842-5975

Claims: Mail Administrator, P.O. Box 14116,
Lexington, Ky. 40512-4116

Correspondence: Mail Administrator, P.O. Box 14114,
Lexington, Ky. 40512-4114

STATE OF MARYLAND PROVIDER SERVICES

State of Maryland - POS and PPO
877-228-7268

PPO Claims & Correspondence:
Mail Administrator, P.O. Box 14115, Lexington, Ky.
40512-4115 or
P.O. Box 9885, Baltimore, Md. 21284-9885

POS Claims & Correspondence:
Mail Administrator, P.O. Box 14115
Lexington, Ky. 40512-4115 or
P.O. Box 9885, Baltimore, Md. 21284-9885

State of Maryland - HMO
877-228-7268
HMO Correspondence and Appeals: Mail Administrator,
Mailstop RR 230, Owings Mills, Md. 21117-4208

NASCO PROVIDER SERVICES

HMO Correspondence and Appeals: Mail Administrator,
Mailstop RR 230, Owings Mills, Md. 21117-4208

NASCO – NATIONAL ACCOUNTS SERVICE AND CLAIMS OPERATIONS

Northrop Grumman - NRG Prefix

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

Northrop Grumman - ESS or NGC Prefix
800-516-1269

All Other NASCO Accounts, including Consumer Directed Health (CDH) Plans and BlueChoice (excluding XIC prefix) 877-228-7268

Claims: Mail Administrator, P.O. Box 14115,
Lexington, Ky. 40512-4115

Correspondence: Mail Administrator, P.O. Box 14114,
Lexington, Ky. 40512-4114

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: Mail Administrator, P.O. Box 14113, Lexington,
Ky. 40512-4113

Correspondence: Mail Administrator, P.O. Box 14112,
Lexington, Ky. 40512-4112

*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: Mail Administrator, P.O. Box 14113, Lexington,
Ky. 40512-4113

Correspondence: Mail Administrator, P.O. Box 14111,
Lexington, Ky. 40512-4111



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, 1501 S. Clinton St., Mailstop CT-0816,
Baltimore, Md. 21224

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: 443-738-7695

VENDOR CONTACTS

ARGUS

Pharmacy benefits manager

800-314-2872 for prior authorization requests

Fax: 800-315-4025

ICORE HEALTHCARE

Supplier of injectable drugs

866-522-2470

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
GatewayEdi	804-323-0275
MedAvant (formerly ProxyMed)	800-792-5256, ext. 813
MTrans (Misys)	800-347-3473, ext.2188
Payerpath	877-623-5706, ext. 2
RelayHealth	
Institutional	800-693-6890
Professional	847-608-7000
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

Care Management Updates

Annual Criteria Review Complete

CareFirst's medical directors and a panel of active practitioners met on Nov. 11, 2008, for the Annual Criteria Review. The panel, which included primary care physicians and multiple specialists, reviewed and approved the 12th edition Milliman Care Guidelines, the Modified AEP Criteria, and the 2007 Apollo Managed Care Physical Therapy, Occupational Therapy, and Rehabilitation Criteria. The Magellan Behavioral Health Medical Necessity 2009 Criteria were also reviewed and approved. The panel recommended several exceptions (i.e., longer lengths of stay) to the Milliman Care Guidelines Goal Lengths of Stay. The changes took effect Jan. 1, 2009 and are shown in the chart to the [wherever the chart is located].

To obtain a copy of the 12th 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 1-800-367-3387 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	CareFirst- Goal 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 <ul style="list-style-type: none"> • Vaginal delivery • C-Section 	1 day 2 days	1 - 2 days 3 - 4 days
PTCA	Ambulatory	1 day
Radical Prostatectomy	1 day	2 days
Vaginal Hysterectomy (not laparoscopic)	Ambulatory	1 day

Pharmacy Updates



New Generics

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

Brand name	Generic
Cosopt®	dorzolamide/timolol
Imitrex®	Sumatriptan

The following drugs now have generic equivalents. The generics are available as a tier 1 and the brand-name drugs remains on tier 3 or non-preferred.

Brand name	Generic
Keppra®	Levetiracetam
Tobradex®	dexamethasone/tobramycin
Trusopt®	Dorzolamide

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.

Pharmacy Updates

Change in the Prior Authorization Process for Self-Injectable Drugs used for the treatment of Hepatitis C and Multiple Sclerosis

The prior authorization and medication fulfillment process will change effective Feb. 1, 2009 for the following self-injectable drugs used for the treatment of Hepatitis C and Multiple Sclerosis: Pegasys®; Peg-Intron™; Avonex®; Betaseron®; Copaxone®; Rebif®.

New prior authorization forms (link to PA form main page - <http://notesnet.carefirst.com/formulary/formulary.nsf/vwwebbycategorypa?openview>) will be used for the medications noted above. You may also obtain these forms by calling CareFirst Pharmacy Management at 1-877-800-3086.

The new forms will be used to request authorization AND medication fulfillment for all CareFirst and CareFirst BlueChoice members. The forms include a prescription field, so that 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 1-866-546-2925 (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 duplication of the medication, please do not provide a prescription to the patient.

For additional information about this program, please contact CareFirst Pharmacy Management at 1-877-800-3086, or ICORE Healthcare at 1-866-522-2486.

Spirometry

Spirometry for Health Care Providers

What Is Spirometry?

Spirometry is used to assess lung function by measuring the volume of air a patient can expel from the lungs after a maximal inspiration. The indices derived from this forced exhaled maneuver have become the most accurate and reliable way to support a chronic obstructive pulmonary disease (COPD) diagnosis.

When these values are compared with predicted normal values determined based on age, height, sex and ethnicity, a measure of the severity of airway obstruction can be determined. These values form the COPD guidelines worldwide that base the assessment of mild, moderate and severe disease levels.

However, spirometry is only one way to interpret COPD disease severity. Other measures, such as the Medical Research Council (MRC) dyspnea scale for measuring breathlessness, exacerbation frequency, body mass index, quality of life assessment and exercise capacity all help build a more complete picture.



Spirometry

Spirometry for Health Care Providers (continued)

Why Perform Spirometry?

Spirometry is the best way to detect the presence of airway obstruction and make a definitive diagnosis of asthma and COPD.

Its major uses in COPD are to:

- Confirm the presence of airway obstruction
- Confirm an FEV₁/FVC ratio \leq 0.7 after bronchodilator
- Provide an index of disease severity
- Help differentiate asthma from COPD
- Detect COPD in subjects exposed to risk factors, predominantly tobacco smoke, independently of the presence of respiratory symptoms
- Enable monitoring of disease progression
- Help assess response to therapy
- Aid in predicting prognosis and long-term survival
- Exclude COPD and prevent inappropriate treatment if spirometry is normal

Spirometry has other applications to assess and manage respiratory disease. These include measuring the presence and severity of restrictive lung defects, screening of the workforce in hazardous occupational environments, pre-employment screening for certain occupations and assessing fitness to dive. Some (what) believe it is useful motivational tool to help smokers to quit, although there is no solid scientific evidence and research findings have been equivocal.

Recognizing COPD

The GOLD guidelines define COPD as “A preventable and treatable disease with some significant extrapulmonary effects that may contribute to the severity in the individual patient. Its pulmonary component is characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases.”

The main clinical features of COPD are:

- Chronic cough, which may be daily and productive, but can also be intermittent and unproductive
- Breathlessness on exertion, initially intermittent and becoming persistent
- Sputum production: any pattern of sputum production may indicate COPD
- Frequent exacerbations of bronchitis
- A history of exposure to risk factors, especially tobacco smoke, occupational dusts, cooking and biomass fuels.

Spirometry is used to assess lung function by measuring the volume of air a patient can expel from the lungs after a maximal inspiration



The GOLD guidelines recommend that clinicians should suspect COPD and perform spirometry whenever any of these indicators are present in someone over age 40. When these features are present it is crucial to ask, COULD IT BE COPD?

Spirometry Training

Spirometry should be administered under the direction of a doctor (MD, DO or PhD) trained in pulmonary function testing. The value of spirometry results can be compromised by poor patient instruction secondary to inadequate technician training. Thus, technicians should have documented training, with continued competency assessments in spirometry administration and recognition of causes for errors encountered in the testing process and a sound understanding of physiologic effects caused by bronchodilators. They should be trained in basic life support and emergency procedures appropriate to the setting.

CHIEF MEDICAL OFFICER AND SR. VICE PRESIDENT OF MEDICAL AFFAIRS
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