# BlueAlert

provider news flash

of Tennessee
plans for better health. plans for a better life.™

Please Route to all Providers & Office Staff

**January 2013**

## BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## CLINICAL

### Medical policy updates/changes

The BlueCross BlueShield of Tennessee Medical Policy Manual has been updated to reflect the following policies. The full text of the policies listed below can be accessed at http://www.bcbst.com/providers/mpm.shtml under the "Upcoming Medical Policies" link.

**Effective Feb. 10, 2013**

- Hyperbaric Oxygen Pressurization Therapy (HBO2)
- Magnetic Esophageal Ring to Treat Gastroesophageal Reflux Disease (GERD)
- Surgical Deactivation of Migraine Headache Trigger Sites
- Genetic Testing for Rett Syndrome
- Aflibercept

**Effective Feb. 10, 2013**

- Bevacizumab
- Brentuximab

**Note:** These effective dates also apply to **BlueCare** and **TennCare*Select*** pending state approval.

### Clinical Practice Guidelines adopted

BlueCross BlueShield of Tennessee has adopted the following guidelines as recommended best practice references**:**

(APA) **Treatment of Patients With Panic Disorder, Second Edition** (2009) <http://www.psychiatryonline.com/pracGuide/pracGuideTopic_9.aspx>

(NIAAA) Helping Patients Who Drink Too Much: A Clinician's Guide, Updated 2005 Edition <http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm>

(AACAP) **Practice Parameter for the Assessment and Treatment of Children and Adolescents With Attention-Deficit/Hyperactivity Disorder** (2007) <http://www.aacap.org/galleries/PracticeParameters/JAACAP_ADHD_2007.pdf>

(APA) **Treatment of Patients With Major Depressive Disorder, Third Edition** (2010) <http://www.psychiatryonline.com/pracGuide/pracGuideTopic_7.aspx>

Hyperlinks to these guidelines are also available within the *BlueCross BlueShield of Tennessee Health Care Practice Recommendations Manual*, which can be viewed in its entirety on the company website at http://www.bcbst.com/providers/hcpr/.

Paper copies can be obtained by calling 1-800-924-7141, ext. 6705.

### New drugs added to commercial specialty pharmacy listing

Effective Jan. 1, 2013, the following drugs have been added to our Specialty Pharmacy drug list. Those requiring prior authorization are identified by (PA).

***Provider-administered via medical benefit:***
Jetrea (PA)

***Self-administered via medical benefit:***
Cayston (PA)
Cystaran
Stivarga (PA)
Synribo (PA)
Xeljanz (PA)

The self-administered drugs listed below are currently on our specialty list with no prior authorization required, however, effective **Jan. 1, 2013** these drugs will require prior authorization.

Actimmune (PA)
Sylatron (PA)
Tarceva (PA)
Tobi (PA)

Providers can obtain prior authorization for provider-administered drugs that have a valid HCPCS code by logging onto BlueAccess, the secure area of the company website, www.bcbst.com, and selecting Service Center from the main menu, followed by Authorization/Advance Determination Submission. If you are not registered with BlueAccess or need assistance with our website call eBusiness Solutions at 1-800-924-7141, option 4 or 423-535-5717, option 2.

Providers can obtain prior authorization for provider-administered specialty drugs that do not have a valid HCPCS code by calling 1-800-924-7141.

Providers can obtain prior authorization for self-administered specialty drugs by calling Express Scripts at 1-877-916-2271.

NOTE: BCBST updates the web authorization forms on a quarterly basis. If the HCPCS code is not available now, it may be in the near future.

## ADMINISTRATIVE

### Reminder: Electronic funds transfer (EFT)

In an effort o help reduce administrative expenses which can in turn help keep premiums affordable for our members, BlueCross BlueShield of Tennessee is implementing initiatives to increase the use of electronic transaction tools that will also make it easier for health care providers to do business with us.

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## ADMINISTRATIVE (Cont'd)

### Reminder: Electronic funds transfer (EFT) (Cont'd)

The first initiative focuses on increasing participation in Electronic Funds Transfer (EFT). By participating in this process, a provider's payment from us will be deposited directly into the provider's bank account rather than receiving a paper check.

To enroll in EFT, simply complete the EFT enrollment form which is located in the Provider Section of the company website at <http://www.bcbst.com/providers/forms/EFT_Enrollment.pdf>. Fax the completed form and a void check to (423) 535-3066 or (423) 535-7523 or mail to:

BlueCross BlueShield of Tennessee
ATTN: Provider Information Department
2.4CH
1 Cameron Hill Circle
Chattanooga, TN. 37402

More information on EFT is available on the company website at <http://www.bcbst.com/providers/ecomm/eBusinessMarketing/EFT%2008497%2003-2008.pdf> or by contacting eBusiness Technical Support†.

### Updated contact information needed for HEDIS® medical record requests

BlueCross BlueShield of Tennessee will be faxing a request for updated contact information and medical record submission options to providers who participated in the annual Healthcare Effectiveness Data and Information Set (HEDIS®) medical record collection project in 2012. The 2013 HEDIS project will begin in February.

Please complete the simple form and fax back to the Clinical Audit Department by Jan. 30, 2013, using the toll-free number on the form. This will help expedite requests for HEDIS medical records in February and should minimize calls to your office.

If you have any questions regarding completion of the form, please contact the Clinical Audit Department at (423) 535-5689.

HEDIS® is required to meet National Committee for Quality Assurance (NCQA) accreditation, as well as Bureau of TennCare and The Centers for Medicare & Medicaid Services (CMS) reporting requirements.

### Reminder: Major change to CPT® codes for behavioral health services

As previously announced, effective Jan. 1, 2013, significant changes were made to CPT® codes for psychiatry and psychotherapy services. **Providers must bill with new CPT® codes on January 1 for dates of service on or after Jan. 1, 2013, or the claim will deny**. All dates of service prior to January 1, 2013, must be submitted with the 2012 code set regardless of when they are billed.

BlueCross BlueShield of Tennessee uses the taxonomy code submitted on your claim when determining the appropriate contracted specialty and recommends you submit your taxonomy code on all claims to ensure accurate reimbursement.

For more information and a list of commonly used psychiatric CPT® codes that will be changing on Jan. 1, 2013, see *The National Council* brochure available on the Provider page of the company website at www.bcbst.com.

You may also contact your provider network manager for any questions regarding billing the new CPT® codes and the use of your Taxonomy number on the claim.

# BlueCare/TennCare*Select*

## ADMINISTRATIVE

### DME update

For dates of service Nov. 1, 2012 and after, VSHP began the authorization process and claims payment for DME, medical supplies as well as orthotics and prosthetics. Thank you for your patience during the first month's transition.

As you know, we are required to maintain a 14-day turnaround on authorization requests. We are working to decrease the 14-day turnaround and there are some things you can do to expedite the processing of these requests:

- All requests must be received by fax using the *Durable Medical Equipment Request Form* located at on the company website at <http://www.vshptn.com/providers/DME_Request_Form.pdf>.
- Completed forms should be faxed to 1-800-292-5311.
- Fax request forms must be **COMPLETE**. When required data elements are missing, our staff must stop the authorization review process and contact you for further information.
- Fax one member request per fax submission. Multiple members listed on a single fax submission requires us to stop the review process and manually separate the requests. This can also create a potential HIPAA risk for BlueCross and ultimately for you.
- Ensure the doctor's order is current. Orders must be within a one-year period.
- Multiple services per member on a single fax request is appropriate.

### Reminder: Emergency room (ER) physician claims for non-emergency services

Physician claims for non-emergency ER services will be reimbursed not to exceed $50.00. Only codes 99281-99285 will be reimbursed for these physician services. All other services such as X-rays, labs, medications, etc. will **not** be reimbursed separately.

*These changes will be included in the appropriate 1Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manual.

# BlueCare/TennCare*Select*

## ADMINISTRATIVE (Cont'd)

### State mandated VSHP rate reduction notice

In accordance with the legislation that enacted the 2012 Budget, vaginal delivery reimbursement rates were increased by 17 percent, resulting in cesarean and vaginal deliveries being reimbursed at the same rate. This change was effective July 1, 2011.

The 2013 Budget passed by the Tennessee General Assembly further modified these rates. Retroactive to July 1, 2012, the vaginal delivery and cesarean rates will be reduced by seven (7) percent from the original 17 percent increase. This results in a ten (10) percent increase to the vaginal delivery rates that were paid prior to July 1, 2011, and brings the cesarean delivery rates to a reimbursement equal to the vaginal delivery rates. VSHP will be adjusting claims involving these services.

### Reminder: Filing corrected bills

Corrected bills are required to be resubmitted **within 120 days of the date of the remittance advice that includes the claim.** For more information on filing corrected bills, see the *VSHP Provider Administration Manual* located on the company websites, www.vshptn.com and www.bcbst.com.

### Provider tips

VSHP is seeing a high volume of claims denials due to members' coverage being terminated. Listed below are some tips that will help ensure claims are processed rapidly and accurately:

- Every member presenting to your office should have their insurance information verified BEFORE they receive services. Check *Tennessee Anytime* to verify eligibility of TennCare benefits. More information about *Tennessee Anytime* is available at <http://www.tn.gov/tenncare/forms/anytimestepbystep.pdf>.
- Have staff ask members if they have any other insurance that may cover the visit such as Medicare, private health insurance, secondary insurance, or automobile insurance (if the visit is related to an auto accident).
- To continue receiving updates on current processes, notify Volunteer State Health Plan when you change office locations.

# BlueAdvantage

## ADMINISTRATIVE

### Quality focus

BlueCross BlueShield of Tennessee is encouraging members to obtain much needed preventive screenings in a number of ways throughout the year. One way is by placing automated phone calls. Each month, the calls will have a different quality focus. Watch for information in upcoming BlueAlerts.

For more information about preventive services, recommendations and BlueAdvantage quality improvement programs, please visit the company website at <http://www.bcbst.com/providers/BlueAdvantage-PPO/qualityimprovement.shtml> and <http://www.bcbst.com/providers/preventive-services.shtml>

**Quality Focus for January**

***Physical Activity***

BlueCross will focus on improving the percentage of members aged 65 years and older who receive advice from their physician to start, increase or maintain their level of exercise or physical activity. Providers are asked to complete a physical activity assessment on each of their elderly patients and make recommendations for beginning or continuing an exercise program. Gym membership is a free service offered to BlueAdvantage members through the SilverSneakers program. Encourage your patients to join a SilverSneakers facility today.

***Glaucoma***

January is National Glaucoma Awareness month. As such, BlueCross is working to improve the percentage of members aged 65 and older who receive an annual glaucoma screening. This is a covered benefit♦ for BlueAdvantage members and important in retaining sight and independence. Please encourage your patients in this age group who did not have a glaucoma screening in 2012 to see an eye care professional for this service.

♦Co-pay or coinsurance may apply.

### Out of area claims filing tips

For quick tips on smooth claims filing and payment for out of area BlueAdvantage services, visit the BlueCard page in the Provider section of the company website at www.bcbst.com. Additionally, check the News section at www.bcbst.com/providers/news/ for updated information on other Blues plans whose groups have joined the BlueAdvantage network.

### Reminder: BlueAdvantage PPO update to musculoskeletal program

Effective Dec. 1, 2012, requests for prior authorization for home health, physical and occupational therapy are being reviewed by Triad HealthCare. Providers should continue to verify prior authorization requirements for all commercial and BlueAdvantage members.

The Musculoskeletal Program includes prior authorization requirements for:

- Pain Management
- Spinal Surgery
- Joint Surgery (Hip, Knee & Shoulder)
- Physical Medicine (MedAdvantage only)
- Home Health, Physical and Occupational Therapy (MedAdvantage only)

# BlueAdvantage

## ADMINISTRATIVE (Cont'd)

### Reminder: BlueAdvantage PPO update to musculoskeletal program (Cont'd)

Medical records will be required for the **initial** authorization review. Requests for authorization can be submitted by calling 1-800-388-8978, by fax to 1-800-520-8045, or via www.bcbst.com web authorization through Blue Access.

**Note:** Musculoskeletal codes requiring prior authorization are subject to change.

# CHOICES

## ADMINISTRATIVE

### CHOICES in-home respite care

CHOICES members in Groups 2 and 3 may be eligible for in-home respite care. This service is provided on a short-term basis **in the member's home** in the absence of or to relieve those who normally provide care for the member. In-home respite may not be used to add more personal care or attendant care services and is limited to 216 hours per calendar year.

Requests for in-home respite can be made by calling the CHOICES Support Center at 1-800-782-2433 and must be approved prior to service being provided. The Support Center will assess the request and need for services.

*****These changes will be included in the appropriate 1Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manual.

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### †Provider Service lines

***Featuring "Touchtone" or "Voice Activated" Responses***

**Note**: If you have moved, acquired an additional location, or made other changes to your practice, choose the "touchtone" option or just say "**Network Contracts or Credentialing**" when prompted, to easily update your information.

**Commercial Lines** **1-800-924-7141**
**(includes CoverTN; CoverKids & AccessTN)**

***Operation Hours***
Monday–Friday, 8 a.m. to 5:15 p.m. (ET)

***Medical Management Hours***
Monday-Friday, 9 a.m. to 6 p.m. (ET)

**BlueCare** **1-800-468-9736**
**TennCare*Select*** **1-800-276-1978**
**CHOICES** **1-888-747-8955**
**SelectCommunity** **1-800-292-8196**
Monday – Friday, 8 a.m. to 6 p.m. (ET)

***BlueCare/TennCareSelect Medical Management Hours***
Monday-Friday, 8 a.m. to 6 p.m. (ET)

**BlueCard**
Benefits & Eligibility **1-800-676-2583**
All other inquiries **1-800-705-0391**
Monday – Friday, 8 a.m. to 5:15 p.m. (ET)

**BlueAdvantage** **1-800-841-7434**
Monday – Friday, 8 a.m. to 5 p.m. (ET)

***eBusiness Technical Support***
Phone: Select Option 2 at **423-535-5717**
e-mail: ebusiness_support@bcbst.com
Monday – Thursday, 8 a.m. to 5:15 p.m. (ET)
Friday, 9 a.m. to 5:15 p.m. (ET)

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**February 2013**

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**(Applies to all lines of business unless stated otherwise)**

## CLINICAL

### Medical policy updates/changes

The BlueCross BlueShield of Tennessee Medical Policy Manual has been updated to reflect the following policies. The full text of the policies listed below can be accessed at http://www.bcbst.com/providers/mpm.shtml under the "Upcoming Medical Policies" link.

**Effective Mar. 14, 2013**

- Electrical Stimulation for the Treatment of Arthritis
- Magnetoencephalography and Magnetic Source Imaging of the Brain
- Photodynamic Therapy for Choroidal Neovascularization
- Treatment of Hyperhidrosis
- Urinary Tumor Markers for Bladder Cancer

**Note**: These effective dates also apply to BlueCare and TennCareSelect pending state approval.

## ADMINISTRATIVE

### Electronic funds transfer (EFT)

In recent months BlueCross notified providers of its intent to transition to EFT, a free service that sends payments directly to your financial institution and increases the speed at which you receive payment.

Effective April 1, 2013, all network providers will be required to receive payments electronically. If your facility or practice is not currently enrolled in EFT, we encourage you to do so today. Signing up is easy. Complete the EFT enrollment form, available on the company website at <www.bcbst.com/providers/forms/EFT_Enrollment.pdf>, and fax the completed form along with a voided check to (423) 535-3066 or (423) 535-7523, or mail to:

BlueCross BlueShield of Tennessee
ATTN: Provider Information Dept. CH 2.4
1 Cameron Hill Circle
Chattanooga, TN. 37402

More information on EFT is available at http://www.bcbst.com/providers/ecomm/, or by contacting eBusiness Technical Support†.

### BlueCross announces ICD-10 dedicated webpage

BlueCross BlueShield of Tennessee has made it easier for you to find ICD-10 information on the Provider page of our website, . <http://www.bcbst.com/providers/icd-10.shtml>. Click on ICD-10 and you can find FAQs, BCBST status, training resources and other useful information that can assist your progress in becoming ICD-10 compliant.

ICD-10 will replace ICD-9 and requires business and system changes throughout the health care industry effective Oct. 1, 2014. ICD-10 will affect diagnosis and inpatient procedure coding for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA).

### BlueAccess security enhancements

When logging on to BlueAccess, users may be asked to enter an e-mail address and answer new security questions. These steps are part of upcoming security enhancements to BlueAccess to further prevent unauthorized access to PHI.

Additionally, users should be aware that BlueAccess accounts will now disable after 90 days of inactivity. For more information on BlueAccess registration, contact eBusiness Technical Support†.

### Be proactive - discuss ICD-10 readiness with vendors

Talking to your practice management system (PMS) and clearinghouse vendors can help ensure ICD-10 compliance by Oct. 1, 2014. A proactive approach allows a better understanding of their plans for readiness. This will help you determine if their plans align with yours or provide you time to implement alternative solutions (i.e., source a new vendor).

If you do not use a vendor and feel you will not be ready to submit ICD-10 coded claims by Oct. 1, 2014, consider working with a clearinghouse to assist in transitioning your claims from ICD-9 to ICD-10. Utilizing a clearinghouse to submit your claims will help ensure you are compliant by Oct. 1, 2014.

Each HIPAA-covered entity is responsible for becoming compliant by the mandated date. Non-compliance will result in rejected claims or delayed payments and possible fines from the government.

If you have questions or concerns about ICD-10 readiness, please contact eBusiness Technical Support†.

### Reminder: Accessing Physician Quality Reporting Program

Updates to the Physician Quality Reporting Information are currently available for private physician[1] review on our secure BlueAccess Web portal.

To access your quality information, physicians should have a *BlueAccess* user ID and password. First-time users can register by logging on to www.bcbst.com and clicking on "Register Now!" in the *BlueAccess* section, selecting "Provider" and following registration instructions available at https://www.bcbst.com/secure/providers/.

You must "request a shared secret"[2] for all provider ID numbers that you need to access.

For more information or *BlueAccess* training, contact eBusiness Solutions at (423) 535-5717 or e-mail at ebusiness_support@bcbst.com.

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## ADMINISTRATIVE (Cont'd)

### Reminder – Accessing Physician Quality Reporting Program (Cont'd)

[1] *Hospital-based physicians excluded*
[2] *A "Shared Secret" is required. Your staff may already have your "Shared Secret".*

**Note:** At this time, this tool is not available for BlueCare, TennCare*Select*, FEP or Cover Tennessee plans.

### BlueAccess improved user experience

BlueAccess improved user experience. You spoke, and we listened! Coming soon is a new and improved user interface for our online web tools found in the current Service Center application on BlueAccess.

You will still access patient inquiry for your benefit and eligibility verification, claim center for claim status and Authorization/ Advance Determination for your prior authorization requests. Quick reference guides will also be available to you online & will be located underneath the Service Center section of BlueAccess.

Please contact your eBusiness Marketing Team if you are interested in personal training or if you have any questions. You may also contact our eBusiness Service center for any technical questions†.

### BCBST employee group moves processing of routine vision claims to EyeMed

Although member benefits have not changed, effective Jan. 1, 2013, vision claims for BlueCross employees are now processed through EyeMed Vision Care. If you are already an EyeMed participating provider, file claims for the BCBST employee group directly to EyeMed.

If you are **not** currently an EyeMed contracted provider, you can continue to receive the same reimbursement, by either submitting an out-of-network claim form to EyeMed on behalf of the member or by collecting for services from the member and have the member submit the claim to EyeMed for reimbursement. The out-of-network claim form is available on the company website at <http://www.bcbst.com/members/vision/OON+Claim+Form+-+8.2008.pdf>.

Contact EyeMed at 1-888-581-3648 for information on becoming a contracted provider.

BlueCross employees with vision benefits through EyeMed can be identified by group number 109844 on the new member ID card.

Benefits for non-routine vision services due to illness or injury are covered under the member's medical plan and therefore should be submitted to BlueCross.

**Note:** This change affects the BCBST employee commercial group plan only.

### Changes to musculoskeletal program prior authorization

Effective Feb. 1, 2013, the CT or MRI associated with the following joint arthrogram procedures (23350, 27093, 27095, 27370, G0259 and G0260) will also be authorized through the BCBST Musculoskeletal Program (administered by Triad Healthcare).

Prior authorization requests can be submitted via fax to 1-800-520-8045 or BlueAccess, BCBST's secure area on its website, www.bcbst.com (When submitted via web, the MSK/Triad code must be the primary code).

Additionally, effective immediately, the following new codes require prior authorization:

- 0309T - Spinal Fusion Surgery
- 22586 - Spinal Fusion Surgery
- 23473 - Shoulder Replacement - Revision /Foreign Body Removal (Arthroplasty)
- 23474 - Shoulder Replacement- Revision/Foreign body removal (Arthroplasty)

**Note:** Prior authorization is not required for outpatient procedures for TRH members.

### 2013 HEDIS® medical record review project to begin

Each year BlueCross BlueShield of Tennessee and Volunteer State Health Plan, Inc. are required to report Healthcare Effectiveness Data and Information Set (HEDIS®) measures to maintain National Committee for Quality Assurance (NCQA) accreditation. This is a requirement stated in the Contactor Risk Agreement with the Bureau of TennCare and is also needed to meet Centers for Medicare and Medicaid Services (CMS) reporting requirements. Data is collected for Medicaid, Medicare Advantage, Commercial and CoverKids products.

We will be seeking records related to prevention and screening, diabetes care, cardiovascular care, access and availability and utilization measures.

Your cooperation is greatly appreciated and important to the success of the outcome. A BCBST and/or VSHP representative will work directly with your office to arrange the most appropriate method for obtaining medical record information to comply with HEDIS® 2013 requirements. This may include scheduling on an onsite review in your office, arranging to receive records via fax or FedEx, or facilitating an electronic transfer of medical records. Due to requirements to perform oversight audits of our medical record abstraction methodology, staff will need to scan pertinent elements of member charts to support abstraction results.

If you use a copy service, please notify them of the need to respond promptly to record requests.

As allowed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Covered Entities (such as practitioners and their practices) are not required to obtain patient authorization to disclose protected health information (PHI) to another Covered Entity (such as BCBST and VSHP), as long as both parties have a relationship with the patient and the PHI pertains to that relationship for the purposes of treatment, payment, and health care operations (TPO). Additionally, all nurses reviewing charts on behalf of BCBST and VSHP have signed a HIPAA-compliant confidentiality agreement.

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## ADMINISTRATIVE (Cont'd)

### Reminder: Be aware of member rights and responsibilities

As a BlueCross BlueShield of Tennessee network provider, you should know what our members are being told to expect from you and what you have the right to expect from those members. To comply with regulatory and accrediting requirements, we periodically remind members of their rights and responsibilities. These reminders are intended to make it easier for members to access quality medical care and to attain services.

Member rights and responsibilities are outlined in both the BlueCross BlueShield of Tennessee and Volunteer State Health Plan provider administration manuals, which are available on *BlueSource*, BlueCross's quarterly provider information CD and online on our company websites www.bcbst.com and www.vshptn.com.

### Reminder: Need CME, CEU, Or CCM Credits?

BlueCross BlueShield of Tennessee is offering Quality Interactions®, a program designed to help physicians, nurses, and office staff enhance interactions with people from diverse backgrounds. The training uses a case-based format supported by evidence-based medicine, and peer-reviewed literature. It is accredited for up to 2.5 hours of CME, CEU, or CCM credits.

There is **no cost** to BCBST/VSHP providers. There are a limited number of licenses available for these courses, so please register quickly to take advantage of this valuable learning opportunity.

To register, go to the Provider page on the company website, www.bcbst.com and click on the "Quality Interactions® Cross Cultural Training" link. It will give you the instructions for registering for the class. The BCBST organizational code is 88700. This is a great way to get valuable professional credits, at no cost, and gain useful knowledge to work with the culturally diverse population of Tennessee.

### Human Papillomavirus (HPV) immunizations encouraged

The Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics encourage vaccinations to prevent the human papillomavirus types which have been found to cause most cervical cancers.

HPV vaccinations may be given starting at age 9 and is recommended for 9 to 13 year old girls and boys, or girls and women age 13 to 26 or boys age 13 to 21 who have not been vaccinated or did not complete the series of vaccinations (three shots administered over a six-month period).

Two HPV vaccines are licensed by the Food and Drug Administration (FDA), Cervarix and Gardasil. Cervarix prevents HPV types 16 and 18 which cause 70% of cervical cancers. Gardasil prevents HPV types 16, 18 also, and 6 and 11, which cause 90% of genital warts. Gardasil is the only vaccine licensed for use in males.

The Vaccines for Children (VFC) program will provide vaccines at no cost to providers who serve eligible children such as Medicaid recipients.

HPV vaccines should NOT be given to patients who have a history of immediate hypersensitivity to any vaccine components. Gardasil is contraindicated for persons with a history of hypersensitivity to yeast. Cervarix in prefilled syringes is contraindicated for persons with anaphylactic latex allergy. Patients with moderate or severe acute illnesses should not receive a vaccination until the illness improves. Additionally, pregnant women should not receive the vaccinations.

Providers are reminded not all Blues health care plans cover these immunizations. Benefits can be verified by calling the appropriate BlueCross BlueShield of Tennessee or BlueCard Provider Service line†.

Additional information may be found at <http://www.cdc.gov/std/hpv/STDFact-HPV-vaccine-hcp.htm>.

### Quality Focus: Heart Month

In February, most people's thoughts turn to hearts…as in Valentines. This month, you can help us shift that focus toward having a healthy heart. Members will be receiving information in February about controlling high blood pressure, continuing on antihypertensive medications (ACE and ARBs) if prescribed, and managing their cholesterol.

Please help reinforce these messages by talking with your patients about the importance of a healthy heart and the impact dietary or lifestyle changes can make for them. Adding a daily walk may help reduce stress and lower their blood pressure. Patients with diagnosed cardiovascular conditions may not realize the importance of watching their cholesterol or be aware of the role their medicines play in their heart health.

Patients may be more likely to respond to suggestions from their physician so your assistance with these awareness efforts is appreciated.

# BlueCare/TennCare*Select*

## ADMINISTRATIVE

### Enhanced rates for eligible primary care providers

Effective January 2013,under the Affordable Care Act, Medicaid primary care providers practicing in family medicine, general internal medicine, pediatric medicine and related subspecialists who meet requirements will be paid at Medicare reimbursement levels.

To be eligible for the enhanced rates, providers must either be board certified or provide services representing at least 60 percent of the eligible codes (i.e. evaluation and management (E&M) codes and vaccine administration codes). This ruling could also impact the maximum fees for vaccine administration under the Federal Vaccines for Children (VFC) program.

As part of the implementation process, the Centers for Medicare & Medicaid Services (CMS) will be approving Plan Amendments submitted by each state.

# BlueCare/TennCare*Select*

## ADMINISTRATIVE (Cont'd)

### Enhanced rates for eligible primary care providers (Cont'd)

Once notified of approval by CMS, VSHP will reimburse qualifying providers for services retroactive to Jan. 1, 2013. You will soon be notified, if you are eligible for the enhanced rates. Providers will not need to resubmit claims.

A list of frequently asked questions (FAQs) is available on the Provider page of company websites www.bcbst.com and www.vshptn.com. Additional information may be found at <http://www.cms.gov/apps/media/fact_sheets.asp>.

### Prior authorization required for therapy services in schools

Effective April 1, 2013, prior authorization will be required for payment of TennCare covered therapies (speech, physical and occupational) when these services are provided in schools.

### Plain language initiative

The Bureau of TennCare supports the use of "Plain Language." Plain Language is part of a national program to encourage health care providers to promote health literacy among their patients by ensuring they understand written and oral health information.

The National Adult Literacy Survey found that 66 percent of adults age 60 and over have inadequate or marginal literacy skills. Many informed consent forms and medication package inserts are written at high school level or higher, while the average Medicaid patient reading level is closer to sixth grade.

In one study, out of 659 hospital patients, those with poor health literacy skills were five times more likely to misinterpret their prescriptions than those who had adequate literacy skills. Most patients will not tell you they do not understand. Using plain language allows your patients to understand their treatment plan, know how to take their prescriptions properly, and to better follow your instructions.

For additional information on Health Literacy, please refer to the Department of Health and Human Services website at <http://www.hrsa.gov/publichealth/healthliteracy/>.

### Reminder: Timely filing for corrected bills

Corrected bills must be submitted within 120 days of the date of the VSHP remittance. Corrections to a claim should only be submitted if the original claim information was wrong or incomplete. For more information on filing Corrected Bills, see the *VSHP Provider Administration Manual* located on company websites www.vshptn.com and www.bcbst.com.

### Enroll your patients in the CareSmart® asthma program today

The CareSmart Asthma program is designed to provide members with the tools they need to better understand and manage their asthma. CareSmart is intended to reinforce the physician's treatment plan for the member and provide clinical updates to the physician as requested. The goals of the program are to:

- increase member knowledge of asthma self-care through education and support;
- reduce number of emergency room visits for asthma-related issues;
- reduce inpatient hospital admissions;
- increase enrollment in the Asthma Health Risk Management Program and compliance in an asthma action plan;
- increase use of appropriate medications for members with asthma.

All **BlueCare** and **TennCare*Select*** members with a diagnosis of asthma are eligible to participate in the program. These members are automatically enrolled in the program; however, participation is voluntary. You can also enroll **BlueCare** and **TennCare*Select*** members in the CareSmart Asthma program as soon as asthma is diagnosed by calling 1-888-416-3025.

*These changes will be included in the appropriate 1Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manual.

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### †Provider Service lines

***Featuring "Touchtone" or "Voice Activated" Responses***

**Note**: If you have moved, acquired an additional location, or made other changes to your practice, choose the "touchtone" option or just say "**Network Contracts or Credentialing**" when prompted, to easily update your information.

**Commercial Lines** **1-800-924-7141**
**(includes CoverTN; CoverKids & AccessTN)**

***Operation Hours***
Monday–Friday, 8 a.m. to 5:15 p.m. (ET)

***Medical Management Hours***
Monday-Friday, 9 a.m. to 6 p.m. (ET)

| | |
|---|---|
| **BlueCare** | **1-800-468-9736** |
| **TennCare*Select*** | **1-800-276-1978** |
| **CHOICES** | **1-888-747-8955** |
| **SelectCommunity** | **1-800-292-8196** |

Monday – Friday, 8 a.m. to 6 p.m. (ET)

***BlueCare/TennCareSelect Medical Management Hours***
Monday-Friday, 8 a.m. to 6 p.m. (ET)

**BlueCard**
Benefits & Eligibility **1-800-676-2583**
All other inquiries **1-800-705-0391**
Monday – Friday, 8 a.m. to 5:15 p.m. (ET)

**BlueAdvantage** **1-800-841-7434**
Monday – Friday, 8 a.m. to 5 p.m. (ET)

***eBusiness Technical Support***
Phone: Select Option 2 at **423-535-5717**
e-mail: ebusiness_support@bcbst.com
Monday – Thursday, 8 a.m. to 5:15 p.m. (ET)
Friday, 9 a.m. to 5:15 p.m. (ET)

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*These changes will be included in the appropriate 1Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manual.

# BlueAlert

provider news flash

of Tennessee
plans for better health. plans for a better life.™

Please Route to all Providers & Office Staff

**March 2013**

## BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## CLINICAL

### Medical policy updates/changes

The BlueCross BlueShield of Tennessee Medical Policy Manual has been updated to reflect the following policies. The full text of policies listed below can be accessed at http://www.bcbst.com/providers/mpm.shtml under the "Upcoming Medical Policies" link.

**Effective April 11, 2013**

- Aqueous Shunts and Stents for Glaucoma
- Bone Turnover Markers for Diagnosis and Management of Osteoporosis and Other Diseases Associated with High Bone Turnover
- Stereotactic Radiosurgery of Central Nervous System Lesions
- Enhanced External Counterpulsation (EECP)
- Myoelectric Prosthetic Components for the Upper Limb
- Implantable Cardioverter Defibrillator for the Prevention of Sudden Death
- Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Resistant Hypertension

**Note**: These effective dates also apply to BlueCare and TennCareSelect pending state approval.

## ADMINISTRATIVE

### Reminder: Electronic Funds Transfer (EFT) requirement

As previously communicated, effective April 1, 2013, all network providers will be required to receive payments electronically via the Electronic Funds Transfer (EFT) process. This is a network participation requirement that must be met by April 1, so if your facility or practice is not currently enrolled in EFT, please do so today. Complete the EFT enrollment form, available at <www.bcbst.com/providers/forms/EFT_Enrollment.pdf> and fax along with a voided check to (423) 535-3066 or (423) 535-7523, or mail to:

BlueCross BlueShield of Tennessee
ATTN: Provider Information Dept. CH 2.4
1 Cameron Hill Circle
Chattanooga, TN. 37402

BlueCross is glad to work with your organization to address specific needs or unique challenges that could make it difficult to meet this requirement.

More information on EFT is available at <http://www.bcbst.com/providers/ecomm/electronic_funds_transfer.shtml> or by contacting eBusiness Technical Support†.

**Note:** Please ensure that all providers in your practice or group have also registered to participate in the EFT process.

### Change to prior authorization requirement for emergency room observation stays*

Effective April 1, 2013, prior authorization for 23-hour observation stays through the emergency room will no longer be required for commercial members. Observation for elective services and inpatient admissions continue to require prior authorization.

A complete list of services requiring prior authorization in an inpatient or outpatient setting is available on the company website at http://www.bcbst.com/providers/router/preauth_comm_router.pdf. Refer to the **Billing and Reimbursement** section of the *BlueCross BlueShield of Tennessee Provider Administration Manual* for this change to billing guidelines in the upcoming second quarter provider manual update.

### Provider inquiry resources

***Claim reporting tool***

For your convenience, many online tools are available in BlueAccess to assist with daily administrative tasks, such as verifying current claims status at BCBST.

One such tool is our *Claim Acknowledgement for Electronic Submission* (CARES) EDI claim reporting tool. With the industry transition to the ANSI 5010 277 Claim Acknowledgement (277CA) standard for initial claim status, BCBST recognized the need to develop a tool to assist providers in dealing with the change in a user-friendly format. This resource provides capabilities such as:

- Accepted / Rejected claim reports
- Line-of-Business specific searches
- Subscriber ID searches
- Report exporting

Any provider who submits claims electronically via a clearinghouse, billing agency, vendor, or directly from their practice management software can use this tool to verify whether claims have been accepted or rejected. Data is available one business day after initial processing. To access the tool, login to BlueAccess and click "More…" under the heading titled "EDI Transactions Tools & Services". Then click the link named "Claims Acknowledgement Reports for Electronic Submissions (Version 5010)."

Additional information about tools available in BlueAccess is available on the company website at <https://www.bcbst.com/secure/providers/index.shtml>. Provider service units are also available to assist you; please reference their contact information at the end of this newsletter for specific service line information.

If you encounter a complex issue that cannot be resolved through the website or provider service units, your Network Manager remains available to assist you. If your inquiry is still not resolved to your

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## ADMINISTRATIVE (Cont'd)

### Provider inquiry resources

***Claim reporting tool*** **(Cont'd)**

satisfaction through these resources, then continue by following our Provider Dispute Resolution Procedure as shown in the provider administration manuals.

If you need technical support or training for BlueAccess or any of BCBST's online provider tools, please contact eBusiness Technical Support†.

### BlueAccess improved user experience

Coming in late March or early April you will have a new and improved user interface for our online web tools found in the current Service Center application on BlueAccess.

You will still access patient inquiry for your benefit and eligibility verification, claim center for claim status and Authorization/ Advance Determination for your prior authorization requests. Quick reference guides will also be available to you online and will be located under the Service Center section of BlueAccess.

Contact your eBusiness Marketing Team if you are interested in personal training or if you have any questions. You may also contact eBusiness Technical Support†.

### Corrected Bill, Incomplete Claim, or Reconsideration?

*Each has its own purpose and process.*

**Corrected Bill** (Electronic submission is the preferred method for filing corrected bills.)
Corrected bills are claims that have been **processed** (Providers receive a Remittance Advice that includes the claim) and were paid incorrectly because of an error or omission on the claim. A true corrected bill includes additional/changed dates of service, codes, units, and/or charges that were **not** filed on the original claim. Corrected bills must be submitted within two (2) years of the end of the year the claim was originally submitted .

**Note:** This excludes VSHP. See the December 2012 *BlueAlert* regarding claims filing guidelines for dates of service Jan. 1, 2013 and after.

**Incomplete Claim**
These are claims that do not conform to the billing guidelines. These claims have **NOT** been processed and will be returned to the Provider. If a claim is rejected or returned and has not been processed, that claim should be resubmitted as an original submission once the information causing the reject or return has been corrected. Providers should correct the error(s) and resubmit the claim as a new claim on a **new** claim form. **DO NOT MARK "CORRECTED CLAIM" ON THE NEW CLAIM**. Correcting the error(s) and resubmitting on a **new** claim form will help ensure quicker turnaround.

**Reconsideration**
A reconsideration can be submitted by a provider or member to request additional review when an adverse determination is issued by BlueCross. Claims that are audited are subject to the Provider Dispute Resolution Process and should **not** be filed as corrected bills.

Additional guidelines on information found in this article are available in the *BlueCross BlueShield of Tennessee Provider Administration Manual* located on the Provider Page on the company websites, www.bcbstcom and www.vshptn.com, and at <http://www.bcbst.com/providers/ecomm/bcbst_5010/5010_Corrected_Claims.pdf>.

### Focus on preventive screenings

VSHP and Cover Tennessee conduct several activities focused to increase patient awareness:

- Automated telephone calls are made to patients with directed reminders, educating members on the importance of screenings for cervical cancer, breast cancer and Chlamydia in addition to other preventive screenings.
- Women receive a health card during their birthday month with information on pap tests and mammography, and are encouraged to discuss being tested with their health care provider.
- Newsletter articles educating on the importance of all preventive testing supporting clinical practice guidelines and therefore improving the members quality of life.

### Blue Cross and Blue Shield Association expands Blue Distinction program

The Blue Cross and Blue Shield Association (BCBSA) recently announced the expansion of its Blue Distinction designation program to include specific designations for quality and quality plus cost-efficient specialty care, and another designation for high-performing Patient-Centered Medical Homes (PCMHs) and Accountable Care Organizations (ACOs).

Blue Distinction Centers for Specialty Care® now includes new cost-efficiency measures,
as well as more robust quality measures focused on improved patient health and safety. Building on the success of the other Blue Distinction designations, The Blues® are continuing to expand the program to include a primary care focused designation – Blue Distinction Total Care℠ ₋which will designate PCMHs and ACOs that meet nationally consistent criteria for quality, efficiency, and patient experience.

Blue Distinction Centers+ are awarded to facilities for their expertise *and* cost efficiency in delivering specialty care. Only those facilities that first meet Blue Distinction's nationally established, objective quality measures will be considered for designation as Blue Distinction Centers+.

Since 2006, consumers, medical providers and employers have relied on this program to identify hospitals delivering quality care in bariatric surgery, cardiac care, complex and rare cancers, knee and hip replacements, spine surgery, and

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## ADMINISTRATIVE (Cont'd)

### Blue Cross and Blue Shield Association expands Blue Distinction program (Cont'd)

transplants. The program is part of The Blues efforts to collaborate with physicians and medical facilities to improve the overall quality and safety of specialty care.

For a complete listing of Blue Distinction Centers for Spine Surgery and Blue Distinction Centers for Knee and Hip Replacement, or for more information on all designated Blue Distinction Centers, please go to www.bcbs.com/bluedistinction or call 1-800-810-BLUE.

## Reminder: DME prior authorization requirements

BlueCross administers both fully insured and self-funded arrangements. Because of differences in relationships, some prior authorization requirements, as well as benefit coverages, may differ. Benefits are always subject to verification of eligibility and coverage at the time services are rendered.

Prior authorization for DME is required for fully insured arrangements for DME purchase, rental or repairs greater than $500. Prior authorization requests may be faxed to 1-866-558-0789 or by calling the Provider Service line at 1-800-924-7141.

Information that must be submitted with the claim and/or prior authorization request can be found in the *BlueCross BlueShield of Tennessee Provider Administration Manual* available on the company website, www.bcbst.com.

# BlueCare/TennCare*Select*

## ADMINISTRATIVE

### Provider dispute form updated

The *Provider Dispute Form* has been updated to include additional fields for **BlueCare/TennCare*Select*** Member Level 1 Reconsideration to specify whether the information being submitted is for administrative disputes or utilization management for medical necessity disputes. The updated form is located on the company website at <http://www.bcbst.com/providers/forms/GO-553-122005.pdf>.

### Maternal and newborn health program *

Effective April 1, 2013, services previously provided by Alere® Women's and Children's Health L.L.C. will be transitioned to our VSHP Maternal and Newborn Health program. The VSHP program provides the management and support of healthy and high risk maternity members and provides support for babies admitted to the NICU/Special Care Nursery through the first year of life. VSHP will continue to include the Medela Breast Pump program to support mothers with babies in the NICU/Special Care Nursery.

### Reminder: Clinical information required for prior authorization requests

Providers requesting prior authorization must submit clinical information to show medical necessity for the service. This includes DME providers or other servicing providers submitting on behalf of the ordering medical doctor. In order to expedite your request, please include the medical records from the ordering provider.

Additional information about the Utilization Management Program is available in the *VSHP Provider Administration Manual* located on the company's websites www.vshptn.com and www.bcbst.com.

### Vaccine administration codes update

Effective Jan. 1, 2013, in compliance with CMS' National Correct Coding Initiative, office visit codes filed with vaccine administration codes 90471, 90472, 90473, or 90474 are being considered a bundled service. The explanation code you will see on claim denials is N01 (Subset Procedure Disallow).

When a significantly separate identifiable service is performed on the same day in addition to the administration of the vaccine, a modifier 25 may be appended to the office visit code. The member's medical record must contain documentation of the services provided. Use of Modifier 25 merely to bypass a bundling edit is inappropriate and will result in recoupment of erroneous reimbursement.

### UPDATE: Extension of timeframe for authorization process for therapy

In the February *BlueAlert*, VSHP announced that effective April 1, 2013, VSHP would require a prior authorization for therapy services performed in the school. This date will be moved to June 1, 2013.

In order for TennCare covered services to be approved for payment in the schools, VSHP must receive a copy of the child's Individualized Educational Plan (IEP) and Release of Information/Parental Consent. After receipt of the information, VSHP will either accept the IEP and treat it as a request for services to which VSHP will respond within 14 days (prior authorization process) **OR,** if not accepted, assist in making an appointment to have the child evaluated. VSHP will also send a copy of the IEP related information to the PCP and notify the designated school contact of the disposition of the request (e.g. what services have been approved for the child, what arrangements have been made for service delivery, etc.).

### Pending Medicaid number?

Providers waiting to receive a Medicaid number should go ahead and file claims to meet timely filing requirements. Claims will deny for no Medicaid number, but the claim will be on file. Once the Medicaid number is received and your information updated, the claims may be paid.

*These changes will be included in the appropriate 1Q or 2Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manual.

# CHOICES

## ADMINISTRATIVE

### Provider appeal procedures

Everyone knows about their right to remain silent, but some are not as well versed when it comes to their right to request reconsideration or an appeal regarding an adverse decision. An adverse decision is the denial, delay, termination, suspension or reduction of a covered Medicaid service. VSHP has guidelines to assist you with the Provider Dispute Resolution Procedure (PDRP) in the provider administration manuals located on the company websites www.vshptn.com and www.bcbst.com.

A provider or provider representative may request reconsideration or an appeal of any adverse decision.

Providers may submit a reconsideration request for administrative inquiries for review of non-clinical information related to rendered services, such as claims adjustments. Since these inquiries are claims-oriented in nature, providers may submit an administrative inquiry by calling the CHOICES Provider Service Line at 1-888-747-8955 or by sending the request in writing to:

CHOICES
1 Cameron Hill Circle, Ste 0002
Chattanooga, TN 37402-0002

If you are not satisfied after exhausting the above process, you may submit a written appeal within 30 days of receiving a response to the inquiry/reconsideration. Actions to resolve a dispute pursuant to the Dispute Resolution Procedure must be initiated within two (2) years from the end of the year in which the event causing the dispute occurred.

In addition to the above processes, providers may file a request with the Commissioner of Commerce and Insurance for an independent review pursuant to the TennCare Provider Independent Review of Disputed Claims process, which is available to providers to resolve claims denied in whole or in part by VSHP. Instructions for initiating this process are available in the *VSHP Provider Administration Manual.*

# BlueAdvantage®

## ADMINISTRATIVE

### Reminder: Change to prior authorization requirement for musculoskeletal program

As previously communicated, select musculoskeletal procedures now require prior authorization. Musculoskeletal is one of the areas in focus to help patients receive higher quality care and improve clinical outcomes for patients suffering from musculoskeletal pain.

Effective Jan. 1, 2013, prior authorization is required for the following chiropractic codes (BlueAdvantage members only) through the BCBST Musculoskeletal Program administered by Triad Healthcare:

- 98940
- 98941
- 98942

Prior authorization requests can be submitted by fax to 1-800-520-8045 or via BlueAccess, BCBST's secure area on its website, www.bcbst.com.

For questions contact BlueAdvantage Provider Service†.

# BlueCard®

## ADMINISTRATIVE

### Reminder: Automatic crossover for all Medicare claims

*All claims will be automatically submitted to the secondary payer*

All Blue Plans will crossover Medicare claims for services covered under Medigap and Medicare Supplemental products. This results in automatic claims submission of Medicare claims to the Blue secondary payer, and reduces or eliminates the need for the provider's office or billing service to submit an additional claim to the secondary carrier.
Additionally, with all Blue Plans participating in this process, Medicare claims will crossover in the same manner nationwide.

Providers can learn more about the Medicare crossover process by visiting the company website at <http://www.bcbst.com/providers/bluecard/IPP_cs_BlueCard_ProvideFAQ.pdf>.

*****These changes will be included in the appropriate 1Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manual.

### †Provider Service lines

***Featuring "Touchtone" or "Voice Activated" Responses***
**Note**: If you have moved, acquired an additional location, or made other changes to your practice, choose the "touchtone" option or just say "**Network Contracts or Credentialing**" when prompted, to easily update your information.

**Commercial Lines** **1-800-924-7141**
**(includes CoverTN; CoverKids & AccessTN)**
***Operation Hours***
Monday–Friday, 8 a.m. to 5:15 p.m. (ET)

***Medical Management Hours***
Monday-Friday, 9 a.m. to 6 p.m. (ET)

**BlueCare** **1-800-468-9736**
**TennCare*Select*** **1-800-276-1978**
**CHOICES** **1-888-747-8955**
**SelectCommunity** **1-800-292-8196**
Monday – Friday, 8 a.m. to 6 p.m. (ET)

***BlueCare/TennCareSelect Medical Management Hours***
Monday-Friday, 8 a.m. to 6 p.m. (ET)

**BlueCard**
Benefits & Eligibility **1-800-676-2583**
All other inquiries **1-800-705-0391**
Monday – Friday, 8 a.m. to 5:15 p.m. (ET)

**BlueAdvantage** **1-800-841-7434**
Monday – Friday, 8 a.m. to 5 p.m. (ET)

***eBusiness Technical Support***
Phone: Select Option 2 at **423-535-5717**
e-mail: ebusiness_support@bcbst.com
Monday – Thursday, 8 a.m. to 5:15 p.m. (ET)
Friday, 9 a.m. to 5:15 p.m. (ET)

# BlueAlert
provider news flash

of Tennessee
plans for better health. plans for a better life.™

Please Route to all Providers & Office Staff

**April 2013**

## BlueCross BlueShield of Tennessee, Inc. (BCBST)
**(Applies to all lines of business unless stated otherwise)**

## CLINICAL

### Medical policy updates/changes

The BlueCross BlueShield of Tennessee Medical Policy Manual has been updated to reflect the following policies. The full text of policies listed below can be accessed at http://www.bcbst.com/providers/mpm.shtml under the "Upcoming Medical Policies" link.

**Effective May 11, 2013**
- Cognitive Rehabilitation
- Proteomics-based Testing for the Evaluation of Ovarian (Adnexal) Masses
- Asparaginase *Erwinia chrysanthemi*
- Leuprolide Acetate
- Optical Diagnostic Devices for the Evaluation of Skin Lesions (formerly Digital Epiluminescence)
- Axial Lumbosacral Interbody Fusion

**Note**: These effective dates also apply to BlueCare and TennCare*Select* pending state approval.

### Modified Utilization Management Guideline updates/changes

BlueCross BlueShield of Tennessee's website has been updated to reflect upcoming modifications to select Modified Utilization Management Guidelines. The *Modified Utilization Management Guidelines* can be viewed on the Utilization Management Web Page at <http://www.bcbst.com/providers/UM_Guidelines/Upcoming_Changes/Upcoming_Changes.htm>

**Effective May 3, 2013**

**Archived BCBST Modifications** – BCBST modifications will be archived in favor of the Milliman Care Guidelines®

***The following as relates to Inpatient & Surgical Care***:
- Sleeve Gastrectomy

**Note:** Effective dates also apply to BlueCare and TennCare*Select* pending state approval.

### New drugs added to commercial specialty pharmacy listing

Effective April 1, 2013, the following drugs have been added to our Specialty Pharmacy drug list. Those requiring prior authorization are identified by (PA).

***Provider-administered via medical benefit:***
Kadcyla (PA)
Skyla

***Self-administered via pharmacy benefit:***
Cometriq
Cystaran
Gattex (PA)
Iclusig (PA)
Juxtapid (PA)
Kynamro (PA)
Pomalyst (PA)
Ravicti
Signifor (PA)
Stivarga (PA
Synribo (PA)
Xeljanz (PA)

Providers can obtain PA for:
- Provider-administered drugs that have a valid HCPCS code by logging onto BlueAccess, the secure area of bcbst.com, select *Service Center* from the main menu, followed by *Authorization/Advance Determination Submission*. If you are not registered with BlueAccess or need assistance using bcbst.com call eBusiness Solutions†.
- Provider-administered specialty drugs that do not have a valid HCPCS code by calling 1-800-924-7141.
- Self-administered specialty drugs by calling Express Scripts at 1-877-916-2271.

**Note:** BlueCross BlueShield of Tennessee updates the web authorization forms on a quarterly basis. If the HCPCS code is not available now, it may be in the near future.

## ADMINISTRATIVE

### Reminder : Electronic Funds Transfer (EFT) requirement

Effective April 1, 2013, all network providers are required to receive their payments from BlueCross BlueShield of Tennessee electronically via EFT. If you are not currently enrolled in EFT, please sign up today to become compliant with the terms of the Minimum Practitioner Network Participation Criteria outlined in the provider administration manuals. The EFT enrollment form and additional information is available on the company website at http://www.bcbst.com/providers/ecomm/. For questions contact eBusiness Technical Support via email at ebusiness_support@bcbst.com or by calling (423) 535-5717, Monday through Thursday from 8 a.m. to 5:15 p.m. (ET) or Friday from 9 a.m. to 5:15 p.m. (ET).

BlueCross will also be encouraging the use of electronic claims submission over the next few months. For additional information on how to use this service to streamline your administrative process, contact eBusiness Technical Support at the phone number or Web Page listed above.

### Provider Inquiry Resources
***Claim Status Tools***

For your convenience, many online tools are available in BlueAccess to assist with daily administrative tasks, such as verifying current claims status at BCBST.

BCBST has two tools available online to verify current claim status. All BCBST member claims may be verified through the Service Center application on the BlueAccess Provider Main Menu screen. Simply click on the Claim Center button on

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## ADMINISTRATIVE (Cont'd)

### Provider Inquiry Resources *Claim Status Tools* (Cont'd)

the left navigation bar to begin your claim search. If you would like to verify the status of a BlueCard or FEP claim, simply click on the BlueCard/FEP application link on the Provider Main Menu, and then select the claim status link.

Additional information about tools available in BlueAccess is available on the company website at <https://www.bcbst.com/secure/providers/index.shtml>. Provider service units are also available to assist you; please reference their contact information at the end of this newsletter for specific service line information.

If you encounter a complex issue that cannot be resolved through the website or Provider Service units, your Network Manager remains available to assist you. If your inquiry is still not resolved to your satisfaction through these resources, then continue by following our Provider Dispute Resolution Procedure as shown in the provider administration manuals.

If you need technical support or training for BlueAccess or any of BCBST's online provider tools, please contact eBusiness Technical Support†.

### Behavioral Health Toolkit

Americans seek support from their primary care physicians every day. Around 74 percent of those who seek treatment for mental health needs go to their primary care physician. It is estimated that a diagnosis of depression is missed by primary care physicians 50 percent of the time. It is therefore essential that their primary care providers are equipped with the tools to better assess behavioral health needs. In response to this need, BlueCross has developed a Behavioral Health Toolkit.

The toolkit is available on the Provider Page of our company websites www.vshptn.com and www.bcbst.com under *Behavioral Health Toolkit* and is composed of various educational pieces. The toolkit does not target a specific age group, but rather geared toward family doctors who treat children, adolescents, and adults. The toolkit provides screenings and tip sheets for suicide risk, depression, ADHD, bipolar disorder, anxiety, and substance abuse. Also included are resources to assist primary care providers in designing a behavioral health screening program for their office. BlueCross BlueShield of Tennessee and Volunteer State Health Plan are aware of the many benefits that will follow the distribution of the Behavioral Health Toolkit. As primary care providers are able to increase their knowledge of behavioral health through the toolkit they will become aware of the support available through BCBST and VSHP. The end goal is to form a partnership between community providers and BCBST/VSHP that will allow the best possible care for all members.

### April Quality Initiative: Coronary artery disease (CAD) and diabetes

During the month of April, your commercial and Medicare Advantage patients will be receiving phone calls regarding coronary artery disease, diabetes, and the importance of following their treatment plans and taking their medication to help control their conditions.

As you see patients this month, please take a moment to reinforce the importance of their medication adherence. In recent surveys, members reported they listened to their providers and followed their advice when it came to taking their prescriptions if the importance was explained to them.

Thanks for your partnership in improving the health of our members, your patients!

### Chlamydia screening

Everyone is great at multi-tasking these days. Here's another idea for combining tasks. If you have a patient visit scheduled for women age 16-24 and they are having a urine test, please also consider ordering a Chlamydia screening. Urine tests are much less cumbersome than having to do a smear at the PAP test for Chlamydia screening. Please don't miss the opportunity when a patient comes into the office. This is an easy way to combine efforts to improve the health of your patients.

### Billing for home prothrombin time (INR) monitors and strips

Based on recent feedback from the DME provider community, there seems to be some confusion regarding the coding for prothrombin time (INR) monitors and the management of anticoagulation therapy. G0248 and G0249 are professional codes used for anticoagulant management by professional (i.e. physician) providers. INR monitors being rented or purchased from a DME provider should be billed using E1399 with appropriate modifiers and supplemental information included (brand name, model number, manufacturer item number). The strips for the monitor should be billed using A9900 or A9999 with the appropriate supplemental information included.

### Reminder: Prosthetics and orthotics subject to prior authorization for commercial plans

Prior authorization is required for fully insured arrangements and some self-funded arrangements for DME purchase, rental, or repairs greater than $500 (this includes prosthetics and orthotics). Prior authorization requests may be faxed to 1-866-558-0789 or by calling the BCBST Provider Service line†.

Information that must be submitted with the claim and/or prior authorization request can be found in the *BlueCross BlueShield of Tennessee Provider Administration Manual* at www.bcbst.com.

### Quality interactions training

The Quality Interactions culture competence training is no longer available for CEU credits. Please look for notices of future opportunities for training opportunities in health literacy, culture and linguistic competence.

*These changes will be included in the appropriate 2Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manual.

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## ADMINISTRATIVE (Cont'd)

### Electronic secondary claims

Did you know BlueCross accepts electronic secondary claims? Save time and money by avoiding the mailing of paper claims and explanation of benefit statements. Contact your software vendor or clearinghouse with the information at the following link to get started: <http://www.bcbst.com/providers/ecomm/bcbst_5010/5010_EDI_Secondary_Claims_Professional-Institutional.pdf>.

If you have further questions, please contact eBusiness Technical Support†.

### Minority health month observed

April is Minority Health Month! There are great resources for providers on the Center for Disease Control website at <http://www.cdc.gov/minorityhealth/MHMonth.html> .

### Quality initiative: Asthma

Members will be soon be receiving information to understand and manage their asthma. Please reinforce the importance of compliance with your patient's asthma treatment plan. You may also want to refer patients to the CareSmart® Asthma Program. All BlueCare/TennCare*Select* and CoverKids members with a diagnosis of asthma are eligible to participate in the program and are automatically enrolled in the program; however, participation is voluntary.

You can also enroll BlueCare/ TennCare*Select* and CoverKids members in the CareSmart Asthma Program as soon as asthma is diagnosed. Enroll members in the program by calling 1-888-416-3025 for BlueCare/TennCare*Select* or 1-888-325-8386 for CoverKids.

Member asthma medication brochures are available on the company website at <http://www.bcbst.com/providers/bluecare-tenncareselect/quality-initiatives/index.shtml>.

### Implants and medical devices

BCBST has revised its definition of the terms 'Surgical Implant' and 'Medical Device;' the new definitions listed below will be effective May 1, 2013.

**Surgical Implant** – A biological or non-biological material that is surgically placed within an individual for the purpose of permanently replacing a missing, diseased, damaged or non-functional biological structure, or for the purpose of supporting an existing biological structure. The determination of whether the material provides support shall be in the sole discretion of BCBST. Examples of biological materials include tendon and bone implants. The following examples are **not** considered to be surgical implants and include, but are not limited to: IV infusion equipment, intramuscular injection devices of any type, sutures, screws, implantable or patch drugs of any type.
Note: This definition is not applicable to organ/bone marrow transplants.

**Medical Device** – A non-biological object or mechanism made for the purpose of cure, mitigation, treatment or prevention of a disease or pathological condition. The determination of whether there has been improvement shall be in the sole discretion of BCBST.

Note: This definition is not applicable to organ/bone transplants.

### Submitting supplemental information for medications

In accordance with the National Uniform Claim Committee (NUCC) guidelines published on their website at http://www.nucc.org/ for version 8.0 of the CMS-1500 claim form and BCBST billing guidelines, submission of NDC#, drug name, dose, and quantity, supplemental information for medications should be completed in the following order: NDC qualifier, NDC code, one (1) space, unit/basis of measurement qualifier, quantity, three (3) spaces, narrative description qualifier, and drug name.

Specific submission instructions and descriptions of the various qualifiers can be found in both BCBST and VSHP provider administration manuals under heading of Completing CMS-1500 Claim Form, BLOCK 24 – SUPPLEMENTAL INFORMATION.

**The quantity should indicate the total dosage of a drug administered for the date of service billed on the line item.**

Block 19 - Reserved for Local Use, section of the CMS-1500 or its electronic equivalent may be utilized to report additional NDCs when more than one size packaging of the same drug is utilized for the total dosage administered.

### Cardiac and angioplasty billing changes

**Effective May 1, 2013**, due to significant HCPCS/CPT® code set changes where single codes were deleted and replaced with multiple codes, BCBST will only allow reimbursement for one cardiac ablation case rate per day, one cardiac catheterization case rate per day, and one angioplasty case rate per day. No adjustments will be made to previously processed claims.

**Note:** This does not apply to BlueCare/ TennCareSelect or Medicare Advantage.

# BlueCare/TennCare*Select*

## ADMINISTRATIVE

### Did You Know?

Crisis Stabilization Units are located strategically in each Grand Region of the state and can be utilized when criteria are met to divert from inpatient psychiatric care. This level of care is available to members within four (4) hours of referral. More information is available in the *VSHP Provider Administration Manual*.

### New claims editing system

Effective May 1, 2013, VSHP will begin using a new claims editing system, iCES, for both professional and facility claims. iCES utilizes industry rules, as well as federal regulations and policies governing health care claims. You may see some slight differences in how claims are processed as a result of our change to iCES.

*These changes will be included in the appropriate 2Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manual.

# BlueCare/TennCare*Select*

## ADMINISTRATIVE (Cont'd)

### Neonatal Intensive Care Unit (NICU) management services update

Effective April 1, 2013, VSHP discontinued referring newborns or readmission cases to Alere® Women's and Children's Health L.L.C. VSHP has developed a more extensive Population Health Management Maternal and Newborn Health Program which brought NICU management services in house. VSHP and Alere have worked closely together to ensure a smooth transition for current neonatal cases.

### Reminder: TennCare member appeal poster must be displayed

The Bureau of TennCare requires the Member Appeal Poster be displayed in a visible location within provider offices in the event the member has a grievance with the managed care organization or the provider. The poster is available on the company websites at <http://www.bcbst.com/providers/forms/Member_Appeal_Poster.pdf> or <http://www.vshptn.com/providers/Member_Appeal_Poster.pdf>.
Please be sure to display this poster in your office for BlueCare and TennCare*Select* members.

### DME update

Effective May 1, 2013, prior authorization is **no longer** required from network providers for incontinence supplies; nebulizers and nebulizer supplies; ankle, knee or foot orthotics. Out of network providers always require prior authorization.

**Note:** This is subject to eligibility and benefits at the time services are rendered.

# BlueAdvantage®

## ADMINISTRATIVE

### Reminder: Screening colonoscopy provides richer benefits compared to diagnostic colonoscopy for Medicare Advantage members

With the emphasis on prevention and screening, the member has no cost share for screening colonoscopy services when rendered by an in-network provider. However, a common member complaint is that when presenting for a screening colonoscopy they expected to owe nothing, and they received a copayment charge for a diagnostic colonoscopy.

In 2010, code mapping was expanded for screening colonoscopies so that members obtaining colonoscopy procedures **intended** to be screenings will receive benefits for screenings.

For a description of codes that point to screening colonoscopy benefits see the Provider page on the company website at www.bcbst.com.

### Health assessments for Medicare Advantage members

As part of the recent Health Care Reform legislation, quality measures are being used to evaluate health plans. These quality measures are based largely on published care guidelines, such as those in the Healthcare Effectiveness Data and Information Set (HEDIS) and National Committee for Quality Assurance (NCQA) standards.

To satisfy these requirements, BlueCross BlueShield of Tennessee is arranging voluntary, in-home, in-depth health risk assessments conducted by clinicians trained in CMS Medicare Advantage regulations for a portion of its Medicare Advantage membership. BlueCross has partnered with two entities to administer these assessments. The assessments are intended to collect data only. No care will be provided and the assessment will not interfere with the care you provide. In fact, a key aspect of the program is the encouragement of routine appointments with the member's primary care physician for wellness and maintenance visits.

Contact our Provider Service line† with any questions regarding this program.

*****These changes will be included in the appropriate 2Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manual.

### †Provider Service lines

***Featuring "Touchtone" or "Voice Activated" Responses***
**Note**: If you have moved, acquired an additional location, or made other changes to your practice, choose the "touchtone" option or just say "**Network Contracts or Credentialing**" when prompted, to easily update your information.

**Commercial Lines** **1-800-924-7141**
**(includes CoverTN; CoverKids & AccessTN)**
***Operation Hours***
Monday–Friday, 8 a.m. to 5:15 p.m. (ET)

***Medical Management Hours***
Monday-Friday, 9 a.m. to 6 p.m. (ET)

**BlueCare** **1-800-468-9736**
**TennCare*Select*** **1-800-276-1978**
**CHOICES** **1-888-747-8955**
**SelectCommunity** **1-800-292-8196**
Monday – Friday, 8 a.m. to 6 p.m. (ET)

***BlueCare/TennCareSelect Medical Management Hours***
Monday-Friday, 8 a.m. to 6 p.m. (ET)

**BlueCard**
Benefits & Eligibility **1-800-676-2583**
All other inquiries **1-800-705-0391**
Monday – Friday, 8 a.m. to 5:15 p.m. (ET)

**BlueAdvantage** **1-800-841-7434**
Monday – Friday, 8 a.m. to 5 p.m. (ET)

***eBusiness Technical Support***
Phone: Select Option 2 at **423-535-5717**
e-mail: ebusiness_support@bcbst.com
Monday – Thursday, 8 a.m. to 5:15 p.m. (ET)
Friday, 9 a.m. to 5:15 p.m. (ET)

*These changes will be included in the appropriate 2Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manual.

# BlueAlert

provider news flash

of Tennessee
plans for better health. plans for a better life.™

Please Route to all Providers & Office Staff

**May 2013**

## BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## CLINICAL

### Medical policy updates/changes

The BlueCross BlueShield of Tennessee Medical Policy Manual has been updated to reflect the following policies. The full text of policies listed below can be accessed at http://www.bcbst.com/providers/mpm.shtml under the "Upcoming Medical Policies" link.

**Effective June 11, 2013**

- Implantable Sinus Spacers and Stents
- Interferential Current Stimulation
- Interspinous Fixation (Fusion) Devices
- Non-invasive Prenatal Testing Using Cell-free Fetal DNA (cffDNA)
- Pertuzumab
- Taliglucerase Alfa

**Effective June 12, 2013**

- Peginesatide

**Note**: These effective dates also apply to BlueCare and TennCare*Select* pending state approval.

### Clinical Practice Guidelines Adopted

BlueCross BlueShield of Tennessee has adopted the following guidelines as recommended best practice references:

**Guidelines for the Diagnosis and Management of Asthma (EPR-3) 2007**
<http://www.nhlbi.nih.gov/guidelines/asthma/index.htm>.

**Working Group Report on Managing Asthma During Pregnancy: Recommendations for Pharmacologic Treatment – Update 2004**
<http://www.nhlbi.nih.gov/health/prof/lung/asthma/astpreg.htm>.

**Pediatric Immunizations**
http://www.cdc.gov/vaccines/schedules/

**Evidence-based Guideline Update: Pharmacologic Treatment for Episodic Migraine Prevention in Adults: Report of the Quality Standards Subcommittee of the American Academy of Neurology and the American Headache Society (2012)**
<http://www.neurology.org/content/78/17/1337.full.pdf+html>

**Global Initiative for Chronic Obstructive Lung Disease. Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Lung Disease (Revised 2011)**
http://www.goldcopd.org/

**AHA/ACCF Secondary Prevention and Risk Reduction Therapy for Patients With Coronary and Other Atherosclerotic Vascular Disease: 2011 Update**
http://circ.ahajournals.org/content/124/22/2458

**ICSI: Health Care Guideline: Routine Prenatal Care (15th edition. 2012, July)**
<https://www.icsi.org/_asset/13n9y4/Prenatal-Interactive0712.pdf>

**ACOG: Guidelines for Perinatal Care, 7th Edition (2012)**
Available for purchase at:
<http://www.acog.org/bookstore/Guidelines_for_Perinatal_Care__P262.cfm >

**Standards of Medical Care in Diabetes - 2013**
<http://care.diabetesjournals.org/content/36/Supplement_1/S11.full.pdf+html>

**Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (ATP III Final Report) (2002)**
<http://www.nhlbi.nih.gov/guidelines/cholesterol/profmats.htm>

**Implications of Recent Clinical Trials for the National Cholesterol Education Program**
**Adult Treatment Panel III Guidelines (2004)**
<http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3upd04.pdf>

Hyperlinks to these guidelines are also available within the *BlueCross BlueShield of Tennessee Health Care Practice Recommendations Manual*, which can be viewed in its entirety on the company website at http://www.bcbst.com/providers/hcpr/. Paper copies can be obtained by calling 1-800-924-7141, ext. 6705.

## ADMINISTRATIVE

### Changes to professional payment cycle coming in June for commercial lines of business

In response to changing banking regulations resulting from the nation's recent financial crisis, BlueCross BlueShield of Tennessee is modifying the schedule for distribution of weekly payments to physicians in June and to other non-facility providers later this year.

BlueCross currently makes payments to physicians on Wednesdays; however, physician payments will move to Thursdays beginning June 27, 2013. This means physician payments that would normally have been made on Wednesday, June 26, 2013 will instead be made on Thursday, June 27, 2013. Payments will resume the seven-day payment cycle each Thursday thereafter. BlueCross will continue making facility payments on Wednesdays.

**Note:** This change will not affect payment schedules for TennCare-contracted providers.

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## ADMINISTRATIVE

### Provider inquiry resources

***Automated electronic claim status service***

For your convenience, many online tools are available in BlueAccess to assist with daily administrative tasks, such as verifying current claim status at BCBST.

BCBST provides an automated electronic claim status service called BlueCORE. It is a web service that uses the ANSI 276/277 transaction that allows providers, vendors, billing agents and clearinghouses to connect in a secure fashion in real-time to obtain the most up-to-date status of claims submitted to BCBST. By enabling the use of BlueCORE in your systems either through your clearinghouse or practice management vendor, you can easily keep up with the most current status of your claims without leaving your daily workflow. This can eliminate the need for lengthy status phone calls and give you a window into exactly where your outstanding claims are in the overall adjudication process.

BlueCORE conforms to guidelines published by the Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) which are now part of health care reform-related changes to administrative transactions like electronic claim status. Most major vendors and clearinghouses already connect with us, and due to more widespread adoption across the industry we are bringing on even more submitters every month. When talking to your vendor please direct them to http://bluecore.bcbst.com for technical information on BlueCORE. If you want to know more about CORE, please visit http://www.caqh.org/benefits.php.

Additional information about tools available in BlueAccess is available on our website at https://www.bcbst.com/secure/providers/index.shtml. Provider service units are also available to assist you; please reference their contact information at the end of this newsletter for specific service line information.

If you encounter a complex issue that cannot be resolved through the website or provider service units, your Network Manager remains available to assist you. If your inquiry is still not resolved to your satisfaction through these resources, then continue by following our Provider Dispute Resolution Procedure as shown in the provider administration manuals.

If you need technical support or training for BlueAccess or any of BCBST's online provider tools, please contact eBusiness Technical Support†.

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### Electronic Claims Submission

More than 90 percent of the claims BlueCross receives today are submitted electronically. Nonetheless, to achieve greater adoption of electronic processing, we are partnering with providers to increase electronic claims submissions by July 1, 2013. This includes initial claims submission, secondary claims and corrected bills. Letters about this process were mailed on April 12, 2013.

Conversion to electronic claims produces faster payments, more efficient claims processing, guaranteed record of receipt of claims and more efficient claims tracking.

Between now and July 1, we will seek to work with you to understand why paper claims are being submitted today and determine what BlueCross can do to help achieve a fully electronic claims submission environment. Our eBusiness team is ready to answer questions and help address concerns you may have. Contact eBusiness Technical Support†. More information is available on the company website at http://www.bcbst.com/providers/ecomm/ or you can contact us via email at eBusiness_Service@bcbst.com.

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### Reminder: Correct coding for pneumococcal conjugate vaccine (PCV)

Providers are reminded the product matching CPT® code 90669 (*Pneumococcal conjugate vaccine, **7 valent**, for intramuscular use* – Prevnar®) is no longer available.

Prevnar 13® is the only pneumococcal conjugate vaccine currently available as noted in the American Academy of Pediatrics notification found @ <http://aapredbook.aappublications.org/site/news/PfizerPrevnar13.pdf>.

**Note**: Prevnar 13® should be billed with the most specific CPT® code, 90670 (*Pneumococcal conjugate vaccine, **13 valent**, for intramuscular use*) with a description that matches the product administered.

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### Review National Consumer Cost Tool data on BlueAccess prior to release*

Effectively immediately, providers can view their cost data in the National Consumer Cost Tool (NCCT) on BlueAccess prior to the information being available to members. Previously, this information was mailed to those providers who had data in the NCCT. Transitioning from mailing to providing this information online improves our efficiency and consistency in delivering the data to you.

To view your data:

- Log onto BlueAccess
- Click the National Consumer Cost Tool link under the Transparency Review section
- Search by provider number to view the NCCT reports available for review (PDF format)

This information will be available for a 60 day review period prior to being published to members on July 1, 2013**.** If no data is available, this means that there was not enough data to be included in the NCCT at this time. For more information on how to access your NCCT data, please visit the news section of the Provider page and click on the link "Accessing NCCT Data via BlueAccess".

The National Consumer Cost Tool presents an opportunity for Blues plans to offer a secure, interactive environment where consumers can evaluate cost-related information, become knowledgeable about the estimated costs of future procedures, and participate more effectively in their health care decisions.

If you have questions, contact us by e-mail at NCCTquestions@bcbst.com.

*These changes will be included in the appropriate 2Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manual.

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## ADMINISTRATIVE (Cont'd)

### Billing provider edit updates

To maintain compliance with HIPAA-mandated ANSI 5010 filing guidelines, BCBST is in the process of introducing new front-end claims editing rules related to the billing provider NPI and tax identification number (TIN) for both professional and institutional claims (ANSI: Loop 2010AA, UB: FL5 & FL56, HCFA: Blocks 25 and 33). Upcoming changes are as follows:

- **Effective June 1, 2013**, claims billed with an NPI/TIN combination that does not exist on BCBST's provider records will be rejected. Analysis has shown this will affect less than 1 percent of currently filed claims. To insure your claims will not be affected, keep all provider changes and additions up to date with BCBST. This edit will be in place for both institutional and professional claims for all lines of business.

- 5010 guidelines state that *"The Billing Provider may be an individual only when the health care provider performing services is an independent, unincorporated entity."* To ensure claim records are accurate, BCBST is developing editing that validates whether the TIN submitted on a claim is part of a group entity. If so, then the billing provider NPI must match a group that is registered with BCBST or else the claim would be rejected (affects professional claims only).

BCBST is performing detailed analysis to do outreach to providers impacted by this edit. Further notifications will be sent prior to implementation of this change; this notice is being included so providers can begin preparations necessary in their claims filing systems. Please share this article with your vendor if you are not sure whether this change would impact your practice.

For questions on these changes, please contact eBusiness Technical Support†.

### Quality focus on behavioral health

May is Mental Health Month. During these tough economic times, you may find more of your patients dealing with stress, which may lead to hypertension or depression. Please make notes in the medical records of your patients to reflect any behavioral health diagnosis and treatment plans.

Discuss the importance of continuing to take antidepressant medication with patients diagnosed as having major depression. Many may start feeling better, and discontinue their medication without realizing that is WHY they feel better. Effective continuation phase treatment for depression usually lasts at least six months.

Patients hospitalized for mental illness that are six years old and over should receive follow-up care within seven days of discharge. They should follow-up with you again within 30 days of discharge.

### Dental claim form submission update

The language regarding accepted commercial dental claim forms has been updated in the Dental section of the *BlueCross BlueShield of Tennessee Provider Administration Manual*. This change has been implemented in order to keep submissions in line with the most current forms approved by the American Dental Association (ADA). For questions, please contact Amy Miller at (423) 535-3672 or via e-mail at amybeth_miller@bcbst.com.

### Reminder: Filing claims for durable medical equipment, prosthetic, orthotic and supplies (DMEPOS) appropriately

Providers are encouraged to review the Centers for Medicare & Medicaid (CMS) guidelines for use of pricing modifiers. Some codes may require dual modifiers. DMEPOS requiring authorization must be authorized and billed using the most appropriate HCPCS code and applicable modifiers in effect for the date of service. Pricing modifiers published in the *Durable Medical Equipment, Prosthetic, Orthotic and Supplies (DMEPOS) Fee Schedule* are required for correct claim adjudication. Providers can view this document on the DME MAC Jurisdiction-C (CGS) website, http://www.cgsmedicare.com/

**Note:** Claims billed with an inappropriate code and modifier combination will be returned to the provider for submission of a corrected claim resulting in reimbursement delays.

### Reminder: Labs, durable medical equipment (DME) and specialty pharmacy new claims filing rules

To avoid claim delays, be sure to follow the new claims filing rules for lab, DME, and specialty pharmacy:

- Independent clinical laboratory services, the local plan is the plan in whose service area the specimen is obtained.
- Durable medical equipment and supplies, the local plan is the plan in whose service area the equipment was shipped to or purchased at a retail store.
- Specialty pharmacy, the local plan is the plan in whose state the ordering physician is located.

If you contract with more than one plan in a state for the same product type (i.e., PPO or Traditional), you may file the claim with either plan. **Please note the referring physician must be on the claim or the claim will be rejected.**

For more information please visit our website, http://www.bcbst.com/providers/news/and look for *New Claim Filing Procedures for Ancillary Providers*.

# BlueCare/TennCare*Select*

## ADMINISTRATIVE

### Primary care provider (PCP) enhanced payments

In accordance with Section 1202 of the Affordable Care Act, qualified Medicaid primary care providers practicing in family medicine, general internal medicine, pediatric medicine and related subspecialties who meet specified requirements will be eligible to receive enhanced reimbursement rates. This is effective for dates of service on and after January 1, 2013 through December 31, 2014. The actual implementation date is still yet to be determined pending The Centers for Medicare & Medicaid Services (CMS) approvals of TennCare's State Plan Amendment and the final release of all necessary CMS final rate information.

VSHP has prepared and sent notices to providers who have been identified in one of the eligible specialties/subspecialties that may qualify for the PCP enhanced rate. If you have received one of these notices, **PLEASE READ IT CAREFULLY** and follow any instructions that are contained therein.

If you have not received a notice from VSHP by May 15 and think you qualify, please visit our website at www.bluecare.bcbst.com for the information and forms you must complete and return in order to receive the enhanced rates.

*These changes will be included in the appropriate 2Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manual.

# BlueCare/TennCare*Select*

## ADMINISTRATIVE

### New look for VSHP

We, at VSHP are excited to announce we are refreshing our BlueCare brand and logo. While VSHP will remain the legal and contractual entity, we will be referred to going forward as "BlueCare Tennessee". Providers will begin seeing the new logo on member ID cards, remittance advices, EOBs and other materials throughout the year. The website link will also be changing to www.bluecare.bcbst.com, replacing vshptn.com. and will be available April 30.

**Note**: This is a name and logo change only. Current billing, reimbursement, and medical management guidelines remain the same for BlueCare and TennCare*Select*.

### BlueCare DME has new prior authorization fax line

The fax number to submit the *Durable Medical Equipment Prior Authorization Request* form, located on the company website at <http://www.bcbst.com/providers/forms/DME_Request_Form.pdf> has changed. The new fax number is 1-866-325-6697.

### VSHP Breast Pump Program

VSHP Breast Pump program provides reimbursement of an electric breast pump for a member/baby who is admitted to the NICU and feeding/bonding with the infant is difficult. Reimbursement is based on a double electric breast pump, tote bag, cooler tote and starter accessories.

### Updated Lab Exclusion List available

Under the Volunteer State Health Plan/BlueCare consolidated lab services program, the company committed to an annual review of the Exclusion List that was developed as part of that program.

The Exclusion List, which is a list of specific test codes that do not need to be sent to Quest Diagnostics, was reviewed and revised recently with input from health care professionals across the state. The revised list now includes 20 percent more codes than were on the previous list. The revised list is effective May 1, 2013. A copy of the revised Exclusion List is available, along with other program materials, is available at <http://www.bluecare.bcbst.com/providers/Quest_Diagnostics-Exclusion_list.pdf>.

### Reminder: Individualized education plan (IEP)Process

Effective June 1, 2013, prior authorization is NOT required for payment of TennCare covered therapy services provided in the school setting. Additional information about the IEP process may be found on our company website at <http://www.bcbst.com/providers/bluecare-tenncareselect/index.shtml>.

# BlueAdvantage℠

## ADMINISTRATIVE

### Important discussions with your Medicare Advantage patients

As your patients age, please remember the importance of discussing falls, bladder control and physical activity with them. Members have reported that they listen more to their physician when it comes to needing to take action to prevent falls than to family members or friends. Other older adults are embarrassed to discuss bladder control, but it may be a problem for them. Another hot topic is physical activity. Your patients may not realize that it is okay for them to walk, dance or do other activities to increase their movement.

Your patients look up to you for guidance. Thanks for your assistance in helping them with these important areas of their life.

### Health assessments for Medicare Advantage members

BlueAdvantage is pleased to announce two new programs to improve the quality of care for our members, your patients. The first includes voluntary in-home, in-depth health risk assessments conducted by clinicians. The second program involves the creation of a provider assessment form (PAF) to assist you with the coordination and documentation of health care of your senior members. PCPs will be receiving a letter with a list of your BlueAdvantage members to help you identify patients eligible to receive the assessment. BlueAdvantage will provide additional compensation for the completion of this form. Additional information about both programs and the form are located on the company website at bcbst.com/providers/BlueAdvantage-PPO.

### May Member Calls

During the next couple of months, BlueAdvantage will be making phone calls to its members to assist in scheduling and keeping appointments for their annual physical exams. Please cooperate with our quality improvement outreach efforts by helping facilitate this call and providing members with all preventive screenings while they are in your office for their annual physicals. Thank you for your partnership to improve the quality of our members' health and lives.

*****These changes will be included in the appropriate 2Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manual.

### †Provider Service lines

***Featuring "Touchtone" or "Voice Activated" Responses***

**Note**: If you have moved, acquired an additional location, or made other changes to your practice, choose the "touchtone" option or just say "**Network Contracts or Credentialing**" when prompted, to easily update your information.

**Commercial Lines** **1-800-924-7141**
**(includes CoverTN; CoverKids & AccessTN)**

***Operation Hours***
Monday–Friday, 8 a.m. to 5:15 p.m. (ET)

***Medical Management Hours***
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| | |
|---|---|
| **BlueCare** | **1-800-468-9736** |
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| **SelectCommunity** | **1-800-292-8196** |

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BlueAlert℠
provider news flash

of Tennessee

Please Route to all Providers & Office Staff

June 2013

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## CLINICAL

### Medical Policy updates/changes

The BlueCross BlueShield of Tennessee Medical Policy Manual has been updated to reflect the following policies. The full text of policies listed below can be accessed at http://www.bcbst.com/providers/mpm.shtml under the "Upcoming Medical Policies" link.

**Effective July 13, 2013**

- Radiofrequency Ablation for Treatment of Tumors
- Nerve Fiber Density Testing
- Gene Expression Profiling Assays as a Technique to Determine Prognosis for Managing Breast Cancer Treatment
- Eyelid Thermal Pulsation
- Intravenous Immune Globulin (IVIG) Therapy

**Note:** These effective dates also apply to BlueCare /TennCare *Select* pending State approval.

## ADMINISTRATIVE

### Update: New date for changes to professional payment cycle for commercial lines of business

In response to recent changes in the banking industry, BlueCross BlueShield of Tennessee will modify its schedule for distribution of weekly payments to physicians. Last month we communicated that this transition will happen in June, however this change has been delayed until August.

BlueCross currently makes payments to physicians on Wednesdays; however, physician payments will move to Thursdays beginning Aug. 22, 2013. This means physician payments that would normally have been made on Wednesday, Aug. 21, 2013, will instead be made on Thursday, Aug. 22, 2013. Payments will resume the seven-day payment cycle each Thursday thereafter. BlueCross will continue making facility payments on Wednesdays.

**Note:** This change will not affect payment schedules for TennCare-contracted providers.

### Coming soon!

Your commercial and BlueAdvantage℠ patients will be able to manage their health on the go with our new MyBlueTN mobile application. It will be available for download on the iTunes App Store and Google Play this month.

### Reminder: Electronic claims submission

We previously communicated to you that in the coming months BlueCross will partner with providers to achieve greater adoption of electronic claims processing. Letters about this process were mailed April 12, 2013.

Conversion to electronic claims produces faster payments, more efficient claims processing, guaranteed record of receipt of claims and more efficient claims tracking.

In the next few months, we will seek to work with you to understand why paper claims are being submitted today and determine what BlueCross can do to help achieve a fully electronic claims submission environment. In addition to helping providers submit all initial claims to us electronically, this initiative includes submission of secondary claims and corrected bills in the electronic format.

Please contact eBusiness Technical Support† and allow our eBusiness team to answer any questions to help address any concerns you may have. More information is available on the company website at http://www.bcbst.com/providers/ecomm/ or you can contact us via email at eBusiness_Service@bcbst.com.

### Provider Inquiry Resources

*Online Authorizations*

For your convenience, many online tools are available in BlueAccess® to assist with daily administrative tasks, such as requesting prior authorizations.

If you are providing services to BCBST members that require prior authorization, you may submit requests online for the following service types:

- Inpatient Confinement
- 23 Hour Observation
- Outpatient Surgical Procedure
- Specialty Pharmacy
- Global Obstetrics
- Home Health Services

To access the request tool, login to BlueAccess, click on Service Center, and then select "Authorization / Advance Determination Submission…" to review the list of available service types. Click on the service you need to request and follow the on-screen instructions. For certain services you may choose to apply Milliman medical criteria for an automatic decision; other services will be pended for clinical review. You may check the status of submitted requests by clicking on "Authorization / Advance Determination Inquiry…" and selecting the service type for which you want to request status.

Additional information about tools located within BlueAccess is available on our website at <https://www.bcbst.com/secure/providers/index.shtm>l. Provider service units are also available to assist you; please reference their contact information at the end of this

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## ADMINISTRATIVE (Cont'd)

### Provider Inquiry Resources

*Online Authorizations* **(Cont'd)**

newsletter for specific service line information.

If you encounter a complex issue that cannot be resolved through the website or provider service units, your Network Manager remains available to assist you. If your inquiry is still not resolved to your satisfaction through these resources, then continue by following our Provider Dispute Resolution Procedure as shown in the provider administration manual.

If you need technical support or training for BlueAccess or any of BCBST's online provider tools, please contact eBusiness Technical support by phone or e-mail as indicated on the last page of this newsletter†.

### Reminder – Accessing Physician Quality Reporting Program

Updates to the Physician Quality Reporting Information will be available for private physician[1] review on our secure BlueAccess Web portal on July 1.

To access your quality information physicians should have a *BlueAccess* user ID and password. First-time users can register by logging on to www.bcbst.com and clicking on "Register Now!" in the BlueAccess section, selecting "Provider" and following registration instructions available at https://www.bcbst.com/secure/providers/.

You will need to "request a shared secret" [2] for all provider ID numbers that you need to access.
For more information or BlueAccess training, contact eBusiness Technical Support†.

[1] *Hospital-based physicians excluded*
[2] *A "Shared Secret" is required. Your staff may already have your "Shared Secret".*

**Note:** At this time, this tool is not available for BlueCare, TennCare*Select*, FEP or Cover Tennessee plans.

### Commercial Services Authorization Requests

When requesting prior authorization for inpatient/outpatient services for our members with commercial plans, please utilize the **Commercial Inpatient/ Outpatient Service Authorization Request** form available on our company website at <http://www.bcbst.com/providers/forms/Commercial_Auth_Fax_Form.pdf> to fax the required information. The form should be completed in its entirety to avoid delays.

For a faster response submit authorization requests online 24 hours-per-day/7 days-per-week via BlueAccess. If you are not a registered user of BlueAccess, contact eBusiness Technical Support† at (423) 535-5717 and select Option 2.

### Electronic DME invoice data

In an effort to streamline processing of durable medical equipment (DME) claims requiring invoice data for processing purposes, BCBST staff have been trained to look for specific types of information that can be filed as part of your electronic claim. By providing this data electronically you can reduce the number of additional requests for information needed to process these claims and reduce the administrative burden of sending paper claims and attachments.

For claims requiring invoice data, follow the instructions below. **Please share these instructions with your vendor to ensure accurate placement of data.**

- Locate the section of your practice management system that allows entry of line-level claim notes (5010: Loop 2400 NTE Segment; HCFA 1500: Shaded portion of 24 ABOVE the line item)
- Add text from the invoice for each line item in the following format: *<manufacturer name>, <brand name>, <model number>, <description>, <quantity>*
- Example based on the format above: "ABC CORP, WIDGETS, 1234567, GENERIC DME, 1 ITEM"
- Submit claim

If you have any questions about this or any other electronic claims filing concern, please contact eBusiness Technical support by phone or email as indicated on the last page of this newsletter†.

### Take the ICD-10 Preparation Survey

Effective Oct. 1, 2014, ICD-10 will replace ICD-9 which will require business and system changes throughout the health care industry. In order to determine the preparedness of our providers, we have a brief survey that we would like you to take. Please click on the "Survey" link on the ICD-10 dedicated page of our website, www.bcbst.com/providers/icd-10.shtml. You will have until the end of July to complete the survey.

ICD-9 codes are outdated; transitioning to ICD-10 allows for greater detail when communicating about diagnoses and procedures. For example, the approximate 17,000 codes within ICD-9 will become approximately 155,000 codes under ICD-10.

Some suggestions to prepare for ICD-10 include:

- Focusing on improving clinical documentation can make the transition easy. This will also have a positive effect on quality of care and reporting.
- Continue to make the necessary changes to get your system ready for ICD-10. This will avoid any further delays and allow you to get a jumpstart on being compliant by the compliance date.
- You can also continue to invest in educating your coding staff. As mentioned, the ICD-10 coding system will consist of much more detailed codes than ICD-9. Becoming more familiar with anatomy and physiology can benefit the coders.

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## ADMINISTRATIVE (cont'd)

### Take the ICD-10 Preparation Survey (Cont'd)

For more information regarding ICD-10 implementation and BCBST progress, please visit the ICD-10 dedicated web page on the Provider page of our company website, www.bcbst.com by clicking "ICD-10".

### Correction: OCR Scanning Process*

In the May 2012 BlueAlert, BlueCross published an article containing incorrect information regarding our OCR scanning process. We reported that Form Locator 15 - Admission Source on the UB-04 claim form is required for **only** inpatient claims and that any outpatient claim submitted with an Admission Source would be rejected. However, Form Locator 15 is required for **all** institutional claims except those with a Type of Bill 014x. Any UB-04 claim form submitted without an Admission Source will be rejected and returned for correction. This complies with the guidelines published in the *National Uniform Billing Committee (NUBC) Official UB-04 Data Specifications Manual* as well as the *HIPAA 5010 Type 3 Technical Reports (TR3)* for electronic claims. This information will be reflected in the third quarter 2013 update to the BlueCare Tennessee and BlueCross BlueShield of Tennessee provider administration manuals.

We apologize for any inconvenience this may have caused. If you have any questions, please call the BlueCross Provider Service line†.

### Submit requested medical records electronically*

You can now save paper and postage by submitting requested medical records through the Message Center on BlueAccess. With quick electronic delivery, BlueCross will receive and begin processing your records faster, saving time over traditional mail. To submit a requested record, simply log on to BlueAccess at bcbst.com; go to Message Center; and select the Electronic Medical Record option. You can also use Message Center to submit secure benefit & eligibility, technical support, and remittance advice inquiries. For questions about Message Center and BlueAccess contact us via e-mail at ebusiness_support@bcbst.com or call (423) 535-5717, Monday through Thursday, 8 a.m. to 5:15 p.m. (ET) and Friday, 9 a.m. to 5:15 p.m. (ET).

### Outpatient Suboxone® Program

Suboxone, a narcotic medication indicated for the treatment of opioid dependence, can be used for office-based detoxification and maintenance by specially-trained and registered physicians. Patients who receive Suboxone in outpatient programs are able to remain active in their community while becoming free of their opioid addiction.

**Commercial**:

- Services are covered if offered under the member's health benefit plan. Providers are reminded to verify benefits by calling the appropriate BlueCross BlueShield of Tennessee or BlueCard Provider Service line†.
- See the Medication Assisted Treatment Program (MAT) information available on www.bcbst.com.
- Initial and Renewal Prior Authorization Forms are available on the company website at <http://www.bcbst.com/pharmacy/provider/forms/index.shtml>.

**BlueCare/TennCare*Select***

- Services are covered.
- BlueCare/TennCare*Select* members are sometimes being charged for physician fees associated with Suboxone services. TennCare members should not be charged for Medically Necessary services.
- TennCare's Prior Authorization Fax form for Suboxone is located online at <https://tnm.providerportal.sxc.com/rxclaim/TNM/TC%20PA%20Request%20Form%20(Suboxone).pdf>.

Suboxone services are delivered by behavioral and non-behavioral physicians who have been certified to deliver the services. More information about certification to qualify for prescribing this drug is available at the Substance Abuse and Mental Health Services Administration (SAMHSA) at www.buprenorphine.samhsa.gov.

**Note:** Providers are contractually obligated to file claims for services rendered to all BlueCross BlueShield of Tennessee/BlueCare Tennessee members.

### Update: Implants and medical devices

BlueCross will not implement revised definitions related to surgical implants and medical devices on May 1, 2013, as prevously communicated in the April issue of BlueAlert. Existing contract language that is specific to these definitions will continue to prevail. You should not experience any change from current procedure.

BlueCross will keep you informed as we continue our efforts to update this language to ensure it remains consistent with current medical practice.

### Reminder: Peer-to-peer review process

It is the policy of BlueCross BlueShield of Tennessee to make available to treating Practitioners a peer-to-peer review to discuss, by telephone, determinations of denial based on medical necessity. Peer-to-peer requests are available for medical necessity denials **only**. Contractual or benefit limitations are not appropriate for peer-to-peer discussions.

*These changes will be included in the appropriate 2Q or 3Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manuals.

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## ADMINISTRATIVE (cont'd)

### New TennCare Pharmacy Benefit Manager *

Effective June 1, 2013, the State of Tennessee changed its TennCare Pharmacy Benefit Manager (PBM) from **Catamaran Corporation** to:

**Magellan Pharmacy Solutions, Inc.**
11013 West Broad Street, Suite 500
Glen Allen, VA 23060

Pharmacy Provider Relations/Technical Help Desk: 1-866-434-5520

### June initiative: Men's health

June is National Men's Health Month. This is a great time to talk with your male patients about their health and encourage skin, colon and prostate cancer screening as appropriate. Skin and prostate cancers are the most common cancers found in American men. The Tennessee Cancer Registry shows there are over 4,000 new cases of prostate cancer each year. Incidence and mortality rates are higher in black men than in white men.

Please remind your male patients of the importance of regular health screenings, including colon and prostate cancer. Information about this and other quality initiatives, including resources for your patients, are available on the provider page of our company website, www.bcbst.com.

### Getting the best impression

The first person your patients usually see is the Medical Receptionist. The journal, *Social Science and Medicine*, recently published a study on their work. The study found receptionists are not just the "gatekeepers" or "person behind the desk." Their responsibilities often extend way beyond their administrative duties. They are a vital part of patient care.

Medical receptionists deal directly with everyone coming into the office from patients to pharmaceutical representatives, mail men, lab couriers, etc. In addition to their administrative function, they may confirm prescriptions with an angry patient, congratulate a new mother, console a patient whose spouse just died or help a mentally ill patient make an appointment. A significant portion of their work involves managing the emotions and care of patients and families.

Medical receptionists are a key part of the relationship between patients and doctors and patients' feelings about the receptionist may be reflected in their opinions of their doctor.

### Cultural disparities analysis

For Commercial and TennCare BCBST members who had claims in 2012, an analysis of top conditions by race/ethnicity was conducted by line of business and overall, using episode treatment groupings. In addition, BCBST examined compliance with evidence based guideline measures to determine if compliance varied by race. Some significant difference in the health of some racial/ethnic groups are noted below:

*Asians*

- Asian Commercial members had lower prevalence for every top condition when compared to all other racial/ethnic groups.
- The prevalence of gynecological cancers for Asian TennCare members almost doubles that of other racial/ethnic groups.

*African Americans*

- African American Commercial members had significantly higher rates of hypertension and diabetes compared to other racial/ethnic groups.
- African American TennCare members had significantly higher rates of STDs compared to other racial/ethnic groups.

*Hispanics*

- Hispanic Commercial members had low compliance with most preventive measures in every gap measure group.
- Hispanic Commercial members had higher rates of obesity compared to the other racial/ethnic groups.

*American Indian/Alaskan Native*

- AI/AN TennCare members had significantly higher prevalence of diabetes and gynecological cancers compare to the other racial/ethnic groups.

*White*

- White TennCare members had a significantly higher prevalence of hypertension and endocrine gland diseases compared to other racial/ethnic groups.

### Plain Language

Have you heard of "Plain Language?" This is part of a national program to encourage health care providers to promote health literacy among their patients by ensuring they **understand** written and oral health information.

Many informed consent forms and medication package inserts are written at high school level or higher, while the average patient reading level is closer to sixth grade.

Most patients will not tell you they do not understand. Using plain language allows your patients to understand their treatment plan, know how to take their prescriptions properly, and follow your instructions better. This is also important for your patients who do not speak English as their primary language.

For additional information on Health Literacy, please refer to the Department of Health and Human Services website at http://www.hrsa.gov/publichealth/healthliteracy/.

# BlueCare/TennCare*Select*

## ADMNISTRATIVE

### Clarification – New BlueCare Tennessee website*

In May we announced our new BlueCare Tennessee brand and logo. To clarify, the website link has been updated and is available at http://bluecare.bcbst.com.

*These changes will be included in the appropriate 2Q or 3Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manuals.

# BlueCare/TennCare*Select*
## ADMNISTRATIVE (Cont'd)

### Reminder: Billing for durable medical equipment, prosthetics, orthotics and medical supplies (DMEPOS)

Coding/modifier descriptions in letters of authorization are not intended to replace Billing Guidelines listed in the provider administration manuals http://www.bcbst.com/providers/manuals/. When submitting claims, DMEPOS providers are responsible for ensuring codes and modifiers are billed in accordance with the Department of Health and Human Services guidelines including, but not limited to: HCPCS Manual, Federal Register, DME MAC Jurisdiction C guidelines (www.cgsmedicare.com), DMEPDAC coding bulletins (www.dmepdac.com).

### Clinical information required for DME and O&P requests

Providers writing an order for durable medical equipment (DME) or orthotics/prosthetics (O&P) must provide supporting clinical information to the DME provider with the order. Failure to do so could result in a delay of authorization for the request.

### Reminder: Process for payment of TennCare covered therapy performed in schools

Prior Authorization is not required for payment of TennCare covered therapy services provided in the school setting. BlueCare/TennCare*Select* require the services performed in the school are supported by an IEP, meet coverage and medical necessity as defined by the TennCare rules and performed by a participating provider. This does NOT affect services performed in the office or outpatient locations external to schools.

When services are performed in schools, the claim must reflect the proper place of service.

| Place of Service | Location Code |
|---|---|
| School | 03 |
| Office | 11 |
| Outpatient | 22 |

Additional information is available on the Provider page of our company website. <http://bluecare.bcbst.com/Providers/Provider-Education-and-Resources/Forms.html>
**Note:** This does not apply to behavioral health services.

### Reminder: Updated Lab Exclusion List available

Under the BlueCare Tennessee consolidated lab services program, the company committed to an annual review of the Exclusion List that was developed as part of that program.

The Exclusion List, which is a list of specific test codes that do not need to be sent to Quest Diagnostics, was reviewed and revised recently with input from health care professionals across the state. The revised list now includes 20 percent more codes than were on the previous list. A copy of the revised Exclusion List, along with other program materials, is available on the company website at <http://bluecare.bcbst.com/forms/Provider%20Information/Quest_Diagnostics-Exclusion_list.pdf >.

### CPT® and HCPCS codes now requiring prior authorization

Effective July 1, 2013, the following CPT® and HCPCS codes will require prior authorization. Codes billed without prior authorization will be denied as of the effective date.

| | | | |
|---|---|---|---|
| 38243 | 91112 | 93653 | 93654 |
| 93655 | 93656 | 93657 | 95017 |
| 95018 | 95076 | 95079 | 95782 |
| 95783 | 95907 | 95908 | 95909 |
| 95910 | 95911 | 95912 | 95913 |
| 95924 | 95943 | 0310T | 0311T |
| 0312T | 0313T | 0314T | 0315T |
| 0316T | 0317T | E0670 | E2378 |
| L5859 | L7902 | L8605 | V5282 |
| V5283 | V5284 | V5285 | V5286 |
| V5287 | V5288 | V5289 | V5290 |

### Medical emergency codes located online

Some medical claims are being denied because the code billed is not approved for "emergency" situations. Medical Emergency Lists are available on the provider page of the company website by code <bcbst.com/providers/bluecare-tenncareselect/2010MedicalEmergencyListbyCode.pdf> and by description at <bcbst.com/providers/bluecare-tenncareselect/2010MedicalEmergencyListbyDescription.pdf>.

### Reminder: Access and availability requirements

BlueCare Tennessee has regulation requirements to provide available, accessible, and adequate numbers of institutional facilities, service locations, service sites, professional allied and paramedical personnel for the provision of covered services, including all emergency services 24 hours-per-day, 7 days-per-week basis. At a minimum this shall include:

***For primary care provider or physician extender:***

- Distance/time between the practitioner and member in urban area: 20 miles or 30 minutes
- Distance/time between the practitioner and member in rural area: 30 miles or 30 minutes
- Patient load: 2,500 or less for physician; 1,250 or less for physician extender
- Appointment/waiting times: Usual and customary practice should not exceed three (3) weeks from the date of the member's request for regular appointments and 48- hours for urgent care
- Office waiting times should not exceed 45 minutes

**Note**: Appointments for BlueCare/TennCare*Select* members must reflect local practice and be on the same basis as all other patients served by the practitioner.

*These changes will be included in the appropriate 2Q or 3Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manuals.

# BlueCare/TennCare*Select*

## ADMNIISTRATIVE (Cont'd)

### Patient Billing Reminder

There are times when it may or may not be appropriate to bill your patients directly. Please refer to the *BlueCare Tennessee Provider Administrative Manual* for complete information regarding medical billing.

- Providers may bill Class 77 (uninsured/disabled with Medicare) for the Medicare coinsurance and deductibles.
- Class 17 (Medicare/Medicaid dual eligible) members may **not** be billed for coinsurance and deductibles.
- Providers may **not** bill a member for services that were denied based on late claims submission.
- If a denial is based on a referral, or determination was made that there was no referral on file, the Provider may not bill the member or plan.
- Members may **not** be billed for services that VSHP does not consider medically necessary.
- Providers may **not** bill the member for charges that exceed the member's liability.
- Providers may **not** bill the member for the transfer of medical records from one provider to another provider.
- For non-emergent care, providers may only bill patients for normal TennCare co-payments and deductible amounts.
- Providers may **not** bill members for missing a scheduled appointment.
- Providers **may** seek payment from a person whose TennCare eligibility is pending at the time services are rendered if the provider informs the person that TennCare assignment will not be accepted, whether or not eligibility is established retroactively.
- Providers **may** seek payment from a person whose TennCare eligibility is pending at the time services are provided. Providers may bill such persons at the provider's usual and customary rate for the services rendered. However, all monies collected for TennCare-covered services rendered during a period of TennCare eligibility must be refunded when a claim is submitted to TennCare if the provider agreed to accept TennCare assignment once retroactive TennCare eligibility is established.

# BlueAdvantage℠

## ADMINISTRATIVE

### Reminder: Health assessments for Medicare Advantage members

BlueAdvantage is pleased to announce two new programs to improve the quality of care
for our members, your patients. The first includes voluntary in-home, in-depth health risk assessments conducted by clinicians.

The second program involves the creation of a provider assessment form (PAF) to assist you with the coordination and documentation of health care of your senior members. PCPs will be receiving a letter with a list of your BlueAdvantage members to help you identify patients eligible to receive the assessment. BlueAdvantage will provide additional compensation for the completion of this form.

Additional information about both programs and the form are located on the company website at bcbst.com/providers/BlueAdvantage-PPO.

### Payment reductions for Medicare Advantage PPO reimbursement

Due to the change to CMS payment methodology under federal sequestration, resulting in a two (2) percent reduction in Medicare claims payments, Medicare Advantage PPO claims will be subject to similar reductions for date(s) of service on or after April 1, 2013.

*****These changes will be included in the appropriate 2Q or 3Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manual.

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### †Provider Service lines

***Featuring "Touchtone" or "Voice Activated" Responses***

**Note**: If you have moved, acquired an additional location, or made other changes to your practice, choose the "touchtone" option or just say "**Network Contracts or Credentialing**" when prompted, to easily update your information.

**Commercial Lines** **1-800-924-7141**
**(includes CoverTN; CoverKids & AccessTN)**

***Operation Hours***
Monday–Friday, 8 a.m. to 5:15 p.m. (ET)

***Medical Management Hours***
Monday-Friday, 9 a.m. to 6 p.m. (ET)

| | |
|---|---|
| **BlueCare** | **1-800-468-9736** |
| **TennCare*Select*** | **1-800-276-1978** |
| **CHOICES** | **1-888-747-8955** |
| **SelectCommunity** | **1-800-292-8196** |

Monday – Friday, 8 a.m. to 6 p.m. (ET)

***BlueCare/TennCareSelect Medical Management Hours***
Monday-Friday, 8 a.m. to 6 p.m. (ET)

**BlueCard**
Benefits & Eligibility **1-800-676-2583**
All other inquiries **1-800-705-0391**
Monday – Friday, 8 a.m. to 5:15 p.m. (ET)

**BlueAdvantage** **1-800-841-7434**
Monday – Friday, 8 a.m. to 5 p.m. (ET)

***eBusiness Technical Support***
Phone: Select Option 2 at **423-535-5717**
e-mail: eBusiness_service@bcbst.com
Monday – Thursday, 8 a.m. to 5:15 p.m. (ET)
Friday, 9 a.m. to 5:15 p.m. (ET)

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BlueAlert℠
provider news flash

of Tennessee

Please Route to all Providers & Office Staff

July 2013

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## CLINICAL

### Medical policy updates/changes

The BlueCross BlueShield of Tennessee Medical Policy Manual has been updated to reflect the following policies. The full text of policies listed below can be accessed at http://www.bcbst.com/providers/mpm.shtml under the "Upcoming Medical Policies" link.

**Effective Aug. 10, 2013**

- Epidermal Growth Factor Receptor (EGFR) Analysis for Non-Small Cell Lung Cancer (NSCLC)
- Hand and/or Face Transplantation (Composite Tissue Allotransplantation)
- Multi-Analyte Assay with Algorithmic Analyses for Predicting Risk for Type II Diabetes
- Paclitaxel (Protein-Bound)
- Confocal Laser Endomicroscopy
- Intraocular Radiation Therapy for Age-Related Macular Degeneration

**Note:** These effective dates also apply to BlueCare /TennCare *Select* pending State approval.

### Modified Utilization Management Guideline updates/changes

BlueCross BlueShield of Tennessee's website has been updated to reflect upcoming modifications to select Modified Utilization Management Guidelines. The *Modified Utilization Management Guidelines* can be viewed on the Utilization Management Web page at <http://www.bcbst.com/providers/UM_Guidelines/Upcoming_Changes/Upcoming_Changes.htm>.

**Effective Aug. 14, 2013**
***The following as relates to Inpatient & Surgical Care***:

- Cleft Palate Procedures- BlueCross BlueShield of Tennessee modifications related to the cleft palate procedures modified goal length of stay will be removed. MCG (formerly Milliman Care Guidelines) addresses the cleft palate procedures within their 17th edition Care Guidelines, therefore, MCG will be used.

**Note:** The effective date also applies to BlueCare and TennCare*Select* pending state approval.

### New drugs added to commercial specialty pharmacy listing

Effective July 1, 2013, the following drugs have been added to our Specialty Pharmacy drug list. Those requiring prior authorization are identified by (PA).

***Provider-administered via medical benefit:***
Abilify Maintena (PA)

***Self-administered via pharmacy benefit:***
Mekinist (PA)
Procysbi (PA)
Tafinlar (PA)
Tecfidera (PA)

The self-administered drugs listed below are on our specialty list and currently require prior authorization, however, **effective Aug. 1, 2013,** these drugs will no longer require prior authorization.
Promacta (PA)
Sabril (PA)

Providers can obtain prior authorization for:

- Provider-administered drugs that have a valid HCPCS code by logging onto BlueAccess, the secure area of www.bcbst.com, select *Service Center* from the main menu, followed by *Authorization/Advance Determination Submission*. If the physician is not registered with BlueAccess or needs assistance using www.bcbst.com contact eBusiness Solutions†.
- Provider-administered specialty drugs that do not have a valid HCPCS code by calling 1-800-924-7141.
- Self-administered specialty drugs by calling Express Scripts at 1-877-916-2271.

**Note:** BCBST updates the web authorization forms on a quarterly basis. If the HCPCS code is not available now, it may be in the near future.

## ADMINISTRATIVE

### Provider Inquiry Resource

*Authorization Inquiry / Clinical Update*

For your convenience, many online tools are available in BlueAccess to assist with daily administrative tasks, such as searching for the status of prior authorization requests and performing clinical updates.

BCBST provides an easy way for you to obtain status on a previously submitted authorization request. Also, there are many times when changes occur between the time of an initial authorization request and the actual scheduled date of service. Both of these situations can be handled via BlueAccess. Simply login to BlueAccess, click Service Center, then select Authorization / Advanced Determination Inquiry from the menu on the left side of the page. You can then choose between Physician or Facility types and enter your criteria to perform a search.

Once you have found the request you are searching for, you may then update that authorization with new information. Click on the reference number link from the search results and enter the data requested under the "Clinical Notes" section at the bottom of the page that is displayed. This information will be reviewed by clinical staff and updates will be made as needed to your existing request.

Additional information about tools located within BlueAccess is available on our website <https://www.bcbst.com/secure/providers/index.shtml>. Provider service units are also available to assist you; please reference their contact information at the end of this newsletter for specific service line information.

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## ADMINISTRATIVE (Cont'd)

### Provider Inquiry Resource (Cont'd)

If you encounter a complex issue that cannot be resolved through the website or provider service units, your Network Manager remains available to assist you. If your inquiry is still not resolved to your satisfaction through these resources, then continue by following our Provider Dispute Resolution Procedure as shown in the provider administration manuals.

If you need technical support or training for BlueAccess or any of BCBST's online provider tools, please contact eBusiness Technical Support†.

### Reminder: Change to professional payment cycle for commercial lines of business

In response to recent changes in the banking industry, BlueCross BlueShield of Tennessee will modify its schedule for distribution of weekly payments to physicians. We recently communicated to you that this transition will happen in August.

BlueCross currently makes payments to physicians on Wednesdays; however, physician payments will move to Thursdays beginning Aug. 22, 2013. This means physician payments that would normally have been made on Wednesday, Aug. 21, 2013, will instead be made on Thursday, Aug. 22, 2013. Payments will resume the seven-day payment cycle each Thursday thereafter. BlueCross will continue making facility payments on Wednesdays.

**Note:** This change will not affect payment schedules for TennCare-contracted providers.

### Reminder – Accessing Physician Quality Reporting Program

Updates to the Physician Quality Reporting Information is available for private physician[1] review on our secure BlueAccess Web portal as of July 1.

To access your quality information physicians should have a *BlueAccess* user ID and password. First-time users can register by logging on to www.bcbst.com and clicking on "Register Now!" in the *BlueAccess* section, selecting "Provider" and following registration instructions available at https://www.bcbst.com/secure/providers/. You will need to "request a shared secret" [2] for all provider ID numbers that you need to access.

For more information or *BlueAccess* training, contact eBusiness Solutions at (423) 535-5717 or e-mail at Ecomm_TechSupport@bcbst.com

[1] *Hospital-based physicians excluded*

[2] *A "Shared Secret" is required. Your staff may already have your "Shared Secret".*

**Note:** At this time, this tool is not available for BlueCare, TennCare*Select*, FEP or Cover Tennessee plans.

### Electronic claims submission

BlueCross BlueShield of Tennessee continues its efforts to encourage greater use of electronic processing tools, including greater adoption of electronic claims submission. Submitting claims electronically produces faster payments, more efficient claims processing, guaranteed record of receipt of claims and more efficient claims tracking.

BlueCross is currently working with our provider community to understand why paper claims are being submitted today and determine what we can do to help achieve a fully electronic claims submission environment. In addition to helping providers submit all initial claims to us electronically, this initiative includes submission of secondary claims and corrected bills in the electronic format.

Please contact eBusiness Technical Support† and allow our eBusiness team to answer any questions and help address any concerns you may have. More information is available on the company website at http://www.bcbst.com/providers/ecomm/ or you can contact us via email at eBusiness_Service@bcbst.com.

### New hours of operation for Commercial Utilization Management

Commercial Utilization Management is changing hours of operation to better align with the other areas of the company that provide benefits/eligibility information and claims processing. New hours will be Monday through Thursday, 8 a.m. to 5:15 p.m. (ET) and Fridays, 9 a.m. to 5:15 p.m. (ET). Note that any *faxed* information received after 4 p.m. (ET) will be processed the next business day.

The company website offers authorization capabilities 24-hours-per day, 7-days-per-week. If you are not already registered to use BlueAccess contact eBusiness Technical Support via email at eBusiness_services@bcbst.com or call 423-535-5717 (select option 2) or 1-800-924-7141 (select option 3).

Additional information on registering for BlueAccess is available on the company website at <http://www.bcbst.com/providers/ecomm/getting_started/BA_Registration.pdf>.

### Reminder: Assessment of behavioral health conditions

BlueCross BlueShield of Tennessee and BlueCare Tennessee providers are reminded to use CPT® codes 99420 and G0444 when assessing your patients for depression (or other behavioral health conditions). We encourage you to assess your patients for behavioral health conditions, particularly depression, in order to achieve the best possible treatment outcomes. Research indicates that treating behavioral health comorbid conditions can improve medical health.

CPT® codes 99408 and 99409 should be used for assessment of substance abuse conditions.

When completing the *Comprehensive Patient Assessment Form* for BlueAdvantage℠ members, use code 99420 for office visits when assessing and continuing to treat behavioral health conditions.

*These changes will be included in the appropriate 3Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manuals.

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## ADMINISTRATIVE (Cont'd)

### Commercial Services Authorization Requests

When requesting prior authorization of inpatient/outpatient services for our members with commercial plans, please utilize the **Commercial Inpatient/Outpatient Service Authorization Request** form available on our company website at <http://www.bcbst.com/providers/forms/Commercial_Auth_Fax_Form.pdf> to fax the required information. The form should be completed in its entirety to avoid delays.

For a faster response submit authorization requests online 24 hours-per-day/7 days-per-week via BlueAccess®. If you are not a registered user of BlueAccess, contact eBusiness Technical Support† at (423) 535-5717 and select Option 2.

### Coordination of Care

Would you trust someone with your life? As a provider, your patients trust you with their lives every day. If you are a Primary Care Provider (PCP), you have an extra level of trust in that patients need your help to coordinate all their care, whether it is with behavioral health providers, specialists, or with their various prescriptions. Patients may use several different doctors and get prescriptions from the closest pharmacy, not all at the same place. As their PCP, they depend on you to help make sure their medications do not conflict with one another, or to help follow up with specialist's test results or other care.

In the annual Consumer Assessment of Health Plan Satisfaction Survey (CAHPS), members are asked to rate their providers. Under Coordination of Care, members are asked:

- if someone from their PCP's office followed up with them about test results, and if test results were received timely,
- if the PCP discussed all prescription medicine they are taking,
- if their PCP seemed informed and up-to-date about their care from specialists, and
- if they felt their PCP was managing their care among different providers and services.

Your assistance is appreciated with helping improve the health of your patients by coordinating their care. Please contact Provider Services† if you need assistance with this.

### Interventional pain management

***Public Chapter 961 will become effective on July 1, 2013***

New legislation pertains to who may perform interventional pain management procedures and is defined as the performance of invasive procedures involving any portion of the spine, spinal cord, sympathetic nerves of the spine or block of major peripheral nerves of the spine, outside of facilities licensed under Title 68.

The law also states that only specific medical or osteopathic physicians may practice or supervise the practice of interventional pain management. To practice or supervise the practice of interventional pain management a Physician must be Board certified through the American board of Medical specialties (ABMS) or the American Board of Physician Specialties (ABPS) American Association of Physician Specialists (AAPS) in one of the following medical specialties:

- Anesthesiology
- Neuromusculoskeletal medicine
- Orthopedic surgery
- Physical medicine and rehabilitation
- Radiology, or
- Any other board certified physician who has completed an ABMS subspecialty in board in pain medicine or completed and accredited pain fellowship.

**What this means to our providers:**

- When requesting an authorization for a pain management procedure, if the specialty of the requesting physician does not meet the requirement of the law the procedure will be denied.
- Nurse practitioners and physician assistants must identify their supervising physician who is required to be on site during the procedure.

For further information:
http://health.state.tn.us/boards/me/legislative.htm
http://www.tennessee.gov/sos/acts/index.htm.
http://www.tn.gov/sos/acts/107/pub/pc0961.pdf

### Hospice Services Billing Clarifications*

Please note updates to the Hospice Section of the *BlueCross BlueShield of Tennessee Provider Administration Manual* for commercial business at: <http://www.bcbst.com/providers/manuals/bcbstPAM.pd>:

- Hospice discharge date is eligible for payment and will not be considered an exclusion
- Discharge status should reflect where the patient expired
- Continuous home care hours is defined as being between 8 and 24 cumulative hours within a 24 hour period, as defined by Medicare

Type of Bill (TOB) should determine Place of Service (POS). Only when a patient expires in a Hospice facility will the inpatient per diem be reimbursed. If a patient expires at home the POS should be home not the Hospice facility.

Prior authorization is required for inpatient hospital services for commercial fully insured products. Benefits should be verified prior to providing services for other commercial business.

### Reminder: Review office visits cost data for NCCT on BlueAccess

Effectively immediately, providers can view their office visits cost data for the National Consumer Cost Tool (NCCT) on BlueAccess. For more information please visit www.bcbst.com and click on the link "Accessing NCCT Data via BlueAccess".

# State of Tennessee

## ADMNISTRATIVE

### Prior authorization requirement removed for screening

The State of Tennessee Public Sector Plan (#80860) no longer requires prior authorization for sigmoidoscopy, proctosigmoidoscopy and colonoscopy. This applies to procedure codes G0105, G0121 and all procedure codes in the range of 45300 through 45392.

# BlueCare/TennCare*Select*

## ADMNISTRATIVE

### Population Health Management Program offers quality and effective coordination of care

Effective July 1, 2013, BlueCare Tennessee has a fully implemented Population Health Management Program, consistent with TennCare guidelines for MCOs. This program stratifies the entire adult and child enrollee populations and identifies enrollees for specific programs according to risk, rather

*These changes will be included in the appropriate 3Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manuals.

# BlueCare/TennCare*Select*

## ADMNISTRATIVE (Cont'd)

### Population Health Management Program offers quality & effective coordination of care (Cont'd)

than disease-specific categories. Population Health Management activities include behavioral and physical health, and, when appropriate, are integrated with CHOICES care coordination processes.

Our Population Health Management staff is located across Tennessee and utilizes referrals from internal and external sources; claims or encounter data; Health Risk Assessment results, laboratory results; and member/caregiver/ practitioner referrals to identify member

populations to engage. Our clinical teams promote member empowerment regarding health care decisions, member education on health conditions and options, and provide the tools and resources necessary to assist the member/family when making health care decisions. Our Population Health Management Program continues to offer quality and effective coordination of care for members with complicated care needs, chronic illnesses, and/or catastrophic illnesses or injuries. Refer to the *BlueCare Tennessee Provider Administration Manual* or our new BlueCare Tennessee website, http://bluecare.bcbst.com for more information.

### State mandated rate reduction

The 2014 Budget has been passed by the Tennessee General Assembly. The following must be implemented by BlueCare Tennessee effective July 1, 2013.

**Cesarean and Vaginal Delivery Reimbursement**
In accordance with the legislation that enacted the 2012 Budget, vaginal delivery reimbursement rates were increased by 17 percent, resulting in cesarean and vaginal deliveries being reimbursed at the same rate. This was effective July 1, 2011. Reimbursement rates were decreased by seven (7) percent in July, 2012 which resulted in an effective ten (10) percent increase from the rates paid prior to July 1, 2011.

Cesarean and vaginal delivery rates will decrease by five (5) percent as of July 1, 2013, which results in a five (5) percent increase to the rates that were paid prior to July 1, 2011. Claims for dates of service on July 1, 2013, and after will be adjusted to the new reimbursement rate.

**Back Brace Reimbursement**
Reimbursement rates will be reduced for claims coded with HCPC Codes L0637, L0631, and L0627. Providers currently billing these codes will soon receive additional information regarding this reduction.

**TENS Unit for Chronic Low Back Pain**
The Centers for Medicare and Medicaid Services (CMS) believes the evidence is

inadequate to support coverage of TENS for chronic low back pain as reasonable and necessary. Thus, effective for claims with dates of service on and after July 1, 2013, TennCare will not allow coverage of TENS for chronic low back pain.

### Health Care Reform: National Correct Coding Initiative (NCCI) enhancement

Under Health Care Reform, Medicaid health care plans were mandated to use National Correct Coding Initiative (NCCI) edits. The methodology for these edits is determined by the Centers for Medicare & Medicaid Services (CMS) and applies to claims with a date of service on or after Oct 1, 2010. To comply with this legislation BlueCare Tennessee will be implementing automated editing software in the near future. This software will apply edits based on CMS Medicaid NCCI guidelines and will include edits for age, gender, manifestation codes and correct diagnosis coding. The NCCI edits can be found at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/National-Correct-Coding-Initiative.html>.

# BlueAdvantage℠

## ADMINISTRATIVE

### Prior authorization process update for physical, occupational and chiropractic therapy services

Effective immediately, date ranges will not be extended for unused visits on physical, occupational and chiropractic therapy authorizations for BlueAdvantage℠ PPO members. Providers should submit a new request even if approved visits are not used within the 30-day authorization period.

If additional visits are needed prior authorization requests can be submitted via fax to 1-800-520-8045 or through BlueAccess, BCBST's secure area on its website, http://www.bcbst.com/providers/.

A list of CPT® codes that require prior authorization for the Musculoskeletal Program is available at http://www.triadhealthcareinc.com/bcbst/cpt.aspx.

### Risk adjustment chart collection

The Centers for Medicare & Medicaid Services (CMS) requires all Medicare Advantage Plans to meet standards for data submission and coding accuracy.

In late July 2013, BlueCross BlueShield of Tennessee will partner with Verisk Health, Inc. and its affiliates to gather medical records on our behalf. As always, faxing and mailing records will be available in addition to a new secure upload portal that will accommodate electronic records submission. Additional information about Verisk Health, Inc. including a portal tutorial will be on the company website in the coming weeks.

### Medication Adherence quality improvement efforts

BlueAdvantage is committed to working with the BlueAdvantage provider network to ensure quality service to our members. Over the next few months, BlueAdvantage will be delivering a number of care campaign calls to members in an effort to improve medication adherence for the following conditions:

- Hypertension
- Osteoporosis
- Rheumatoid Arthritis
- Hyperlipidemia
- Diabetes

Members taking high risk medications will also receive outreach directing them to discuss their medications with their physician. *What can you do?*

- Review and reconcile medications at every visit
- Discuss the importance of adherence
- Address medication fill barriers

*****These changes will be included in the appropriate 3Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manual.

†

| | |
|---|---|
| **Commercial** | **1-800-924-7141** |
| **BlueCare** | **1-800-468-9736** |
| **TennCare*Select*** | **1-800-276-1978** |
| **CHOICES** | **1-888-747-8955** |
| **SelectCommunity** | **1-800-292-8196** |
| **BlueCard** | **1-800-705-0391** |
| Benefits & Eligibility | **1-800-676-2583** |
| **BlueAdvantage** | **1-800-841-7434** |

BlueAlert℠
provider news flash

of Tennessee

Please Route to all Providers & Office Staff

August 2013

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## CLINICAL

### Medical Policy updates/changes

The BlueCross BlueShield of Tennessee Medical Policy Manual has been updated to reflect the following policies. The full text of policies listed below can be accessed at http://www.bcbst.com/providers/mpm.shtml under the "Upcoming Medical Policies" link.

Effective Sept. 8, 2013

- MRI-Guided Focused Ultrasound
- Cooling Devices Used in the Outpatient Setting (only addressing combination active cooling and compression [cryopneumatic] devices)
- Diagnosis and Treatment of Sacroiliac Joint Pain
- Injectable Bulking Agents for the Treatment of Incontinence
- Meniscal Allografts and Synthetic Meniscus Implants
- Spinal Cord Stimulation for the Treatment of Pain
- Zoledronic Acid

Effective Sept. 11, 2013

- Percussion and Oscillating Devices for the Treatment of Respiratory Conditions
- Short-Term and Long-Term Continuous Glucose Monitoring of the Interstitial Fluid (only addressing artificial pancreas system)

**Note:** These effective dates also apply to BlueCare /TennCare*Select* pending State approval.

### Update to high-tech imaging medical policies

Two BlueCross BlueShield of Tennessee medical policies, 1) **Magnetic Resonance Imaging (MRI) of the Breast,** and 2) **Positron Emission Tomography (PET) for Oncologic Applications** have been reviewed and revised, making them consistent with MedSolutions guidelines. Drafts of the revised policies are available on the company website at http://www.bcbst.com/DraftMPs/.

## ADMINISTRATIVE

### Reminder: Electronic claims submission

BlueCross BlueShield of Tennessee is promoting greater use of electronic processing tools, including greater adoption of electronic claims submission. We are currently working with our provider community to understand why paper claims are being submitted today and determine what we can do to help achieve a fully electronic claims submission environment.

Did you know….

- BlueCross accepts electronic submission of secondary claims?
- corrected bills can also be submitted in electronic format?
- our Real Time Claims Adjudication (RTCA) tool allows providers to submit claims through BlueAccess?

Please contact eBusiness Support at (423) 535-5717, and select option 2, to discuss how your organization can continue moving from paper to electronic claims submission. More information is available on the company website at http://www.bcbst.com/providers/ecomm/ or you can contact us via email at eBusiness_Service@bcbst.com.

### Donor Lymphocyte Infusion (DLI)*

Effective Sept.1, 2013, for commercial acute care facilities, any eligible outpatient surgical HCPCS/CPT® codes appropriately filed with Revenue Codes 0362 ,0810, or 0819, that are not included within a global transplant rate, will be reimbursed according to the Outpatient Surgical Facility (OSF) guidelines, unless otherwise contracted. All surgical reimbursement policies will apply.

### *myBlue TN* mobile app now available for BlueCross members


In July, BlueCross introduced *myBlue TN* mobile application to help BlueCross members manage their health care on the go. You may start seeing some of your BlueCross patients using this app for proof of insurance or to check claims and benefit information.

Here are a few features BlueCross members can access by downloading our free app from iTunes App Store or the Google Play Store and using their BlueAccess username and password:

- Access a digital version of member ID card
- Find an in-network doctor or facility, then easily call or map to their location
- Search by location to find the closest in-network urgent care center
- Look up and save doctor and pharmacy contact information for easy access
- Check balances, claims and benefit information including deductibles and copays

A video tutorial of the mobile app can be viewed at <http://www.youtube.com/watch?v=cUNWJM99Ac0>.

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## ADMINISTRATIVE (Cont'd)

### Provider Inquiry Resources *

*Prior Authorization Requirement Search*

For your convenience, many online tools are available in BlueAccess to assist with daily administrative tasks. A new tool is launching later this year that will assist providers in determining prior authorization requirements.

A new feature will soon appear in the "Patient Inquiry" section of eHealth Services which will allow providers to search for authorization requirements at the diagnosis and procedure code level. By entering a few key pieces of data, providers will be able to get a quick answer on what specific services require prior authorization. Be sure to check the Announcements section and the Patient Information page when using BlueAccess in the coming months for launch details.

Additional information about tools located within BlueAccess is available on our website at <https://www.bcbst.com/secure/providers/index.shtml>. Provider service units are also available to assist you; please reference their contact information at the end of this newsletter for specific service line information.

If you encounter a complex issue that cannot be resolved through the website or provider service units, your Network Manager remains available to assist you. If your inquiry is still not resolved to your satisfaction through these resources, then continue by following our Provider Dispute Resolution Procedure as shown in the provider administration manuals.

If you need technical support or training for BlueAccess or any of BCBST's online provider tools, please contact eBusiness Technical Support†.

### Reminder: Change to professional payment cycle for commercial lines of business

In response to recent changes in the banking industry, BlueCross BlueShield of Tennessee will modify its schedule for distribution of weekly payments to physicians. We recently communicated to you that this transition will happen in August.

BlueCross currently makes payments to physicians on Wednesdays; however, physician payments will move to Thursdays beginning Aug. 22, 2013. This means physician payments that would normally have been made on Wednesday, Aug. 21, 2013, will instead be made on Thursday, Aug. 22, 2013. Payments will resume the seven-day payment cycle each Thursday thereafter. BlueCross will continue making facility payments on Wednesdays.

**Note:** This change will not affect payment schedules for TennCare-contracted providers.

### Reminder: Group NPI requirements

In the May 2013 *BlueAlert* BlueCross advised of upcoming changes to professional claims editing that would reject claims that were not following ANSI 5010 standard for group NPI submissions: "The Billing Provider may be an individual only when the health care provider performing services is an independent, unincorporated entity."

This means that if you submit claims for a Billing Provider Tax ID number that is on file with BlueCross as a group entity, but you do not file the associated Billing Group NPI that is on file with BlueCross, your claim would be rejected under this rule. To allow for potential changes in provider practice management systems, we have not set a final date for implementation of these changes. However, we are continuing outreach efforts through our eBusiness Service team to providers identified as being impacted by this change to assist in preparation for implementation occurring in late 2013. If you have questions about this change or think your practice may be impacted, please contact eBusiness†.

### Discontinuation of Type of Bill (TOB) 033X

The National Uniform Billing Committee (NUBC) maintains the Type of Bill (TOB) code set health care organizations use on institutional claims. In 2012, the NUBC voted to simplify the TOB codes used for home health claims by using a single TOB code for all home health services provided under a home health plan of care. CR 8244 announces the NUBC's decision to discontinue the use of TOB 033X, therefore effective Oct. 1, 2013, in compliance with NUBC guidelines, home health services claims should be submitted with TOB 032X. Original Medicare will no longer accept institutional claims submitted on, or after, that date with TOB 033X .

The official instruction issued regarding this change may be viewed at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8244.pdf>.

### Skilled nursing facility/inpatient rehabilitation services authorization requests

When requesting prior authorization of skilled nursing facility/inpatient rehabilitation services for our members with commercial plans, please utilize the **Skilled Nursing Facility/Inpatient Rehabilitation Fax Form** available on our company website at <http://www.bcbst.com/providers/UM_Guidelines/BCBST_Developed/SNF-IPR_faxform.htm> to fax the required information. The form should be completed in its entirety to avoid delays.

For a faster response submit authorization requests online 24 hours-per-day/7 days-per-week via BlueAccess®. If you are not a registered user of BlueAccess, contact eBusiness Technical Support† at (423) 535-5717 and select Option 2.

*These changes will be included in the appropriate 3Q or 4Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manuals.

# BlueCare/TennCare*Select*

## ADMNISTRATIVE

### Telemedicine Originating Site Fee coding now available *

Effective for dates of service on or after Sept. 1, 2013, BlueCare Tennessee providers who deliver services via Telemedicine may be eligible to bill Originating Site fees. More information is available on our new BlueCare Tennessee website, http://bluecare.bcbst.com.

### Updated fax and phone numbers for home health service requests

Requests for home health (HH) services including skilled and non-skilled with G, S, and T codes, physical therapy, occupational therapy, and speech therapy, should be submitted via fax to 1-865-588-4663. Requests for HH services can also be obtained by calling 1-888-423-0131 for BlueCare and 1-800-711-4104 for TennCare*Select*.

Fax *Missed Shifts for Home Health* forms to 1-865-588-4663 or call 1-800-215-385.

Continue to fax *Select*Community requests to 1-888-255-9175 or call 1-800-292-8196.

### Reminder: Bureau of TennCare approves primary care provider (PCP) enhanced payments

Beginning Aug. 1, 2013, the Bureau of TennCare has given approval for PCP enhanced payments and to begin processing current claims with the new enhanced rates.

Visit our website at http://bluecare.bcbst.com for information and forms that must be completed and returned in order to receive the enhanced rates.

### Consent for Sterilization form updated

Effective July 1, 2013, based on federal guidance, TennCare will no longer accept the Medicaid XIX Consent for Sterilization form with an expiration date of 12/31/2012. The Consent for Sterilization form has been revised to reflect a new expiration date of 10/31/2015. Additionally, there are slight format changes in the revised form, as well as the deletion of recording the time the physician signs the form. The current consent form is available in both English and Spanish on the BlueCare Tennessee website at <http://bluecare.bcbst.com/Providers/Provider-Education-and-Resources/Forms.html> or on the TennCare website at http://www.tn.gov/tenncare/pro-misc.shtml.

### Reminder: Multi-page claims

When filing claims with multiple pages on a CMS-1500 claim form please remember:

- List diagnosis code(s) for all conditions related to the patient's illness on **each** page.
- Place the total amount **only on the last page of the claim**. The total on the last page should reflect the sum of the line items for all pages.
- Use the words "Continued on next page" or "Page X of X" in Block 28 on each page (except on the last page, which reflects the total charge in Block 28).
- Staple only the pages of the individual claim together as one. **Do not** staple several multi-page claims together as one.

This information can be found in the Billing and Reimbursement section of your *BlueCare Tennessee Provider Administration Manual*.

# BlueAdvantage℠

## ADMINISTRATIVE

### Critical patient safety measures for high risk medications

As part of efforts to improve our Medicare Stars quality scores, BlueCross BlueShield of Tennessee is launching programs to help improve the critical patient safety measure scores in our Part D plans.

One of those measures, High Risk Medicines, includes several therapeutic categories associated with a significant risk of side effects when used either for prolonged periods, in the elderly or both. Of the categories evaluated, non-benzodiazepine sedatives, and in particular, the generic drug zolpidem tartrate, has a high incidence of chronic use in our members. A review of the claims notes the majority include a 30 to 90-day supply and the maximum monthly refills allowed under federal law.

Starting July, 2013, members in either our MedicareAdvantage Part D or Medicare Part D plan who have an initial or first claim for either zolpidem tartrate or the brands Ambien®, Ambien CR®, Intermezzo®, Stilnox®, or Edluar® (zolpidem tartrate is the active generic ingredient for each), will receive a letter from BlueCross BlueShield of Tennessee.

This letter alerts patients to potential chronic use side effects, reinforces using these drugs strictly as needed, and encourages them to contact their health care provider if they have questions.

Patients may contact you after receiving this letter. Please use it as an opportunity to stress the importance of using the drug only as needed, as well as reviewing factors such as good sleep hygiene and avoiding alcohol and caffeine late in the day. We also urge you to prescribe these agents after other therapeutic alternatives have failed, and limiting both the monthly quantity and refills for these agents.

Thank you for partnering with us to provide exceptional care to your patients and our members.

*These changes will be included in the appropriate 3Q or 4Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manuals.

# BlueAdvantage℠

## ADMINISTRATIVE (Cont'd)

### Reminder: Health assessments for Medicare Advantage members

BlueAdvantage is pleased to announce two new programs to improve the quality of care for our members, your patients. The first includes voluntary in-home, in-depth health risk assessments conducted by clinicians.

The second program involves the creation of a provider assessment form (PAF) to assist providers with the coordination and documentation of health care of their senior patients.

BlueAdvantage will provide additional compensation for the completion of this form. Additional information about both programs and the form are located on the company website at bcbst.com/providers/BlueAdvantage-PPO.

### New prior authorization requirement for orthotic and prosthetic services

Effective Aug. 5, 2013, requests for prior authorization of prosthetic services that meet or exceed $5,000 in billed charges will require the completion of a *Prior Authorization Checklist*. The checklist supports clean case submission and expedites approval of services.

This new form is available on the company website at www.bcbst.com and should be submitted via fax to 1-888-535-5243.

# BlueCard

## ADMINISTRATIVE

### Duplicate claims handling for Medicare crossover

Effective Oct. 13, 2013, when a Medicare claim has crossed over, providers should wait thirty (30) calendar days from the Medicare remittance date before submitting the claim to BlueCross BlueShield of Tennessee.

Medicare primary claims, including those with Medicare exhaust services, that have crossed over and are received within thirty (30) calendar days of the Medicare remittance date or with no Medicare remittance date will be **returned or rejected** by BlueCross BlueShield of Tennessee.

Claims submitted to the Medicare intermediary will be crossed over to the Blue Plan only after they have been processed by the Medicare intermediary. This process may take approximately 14 business days to occur. This means that the Medicare intermediary will be releasing the claim to the Blue Plan for processing about the same time the provider receives the Medicare remittance advice. As a result, upon receipt of the remittance advice from Medicare, it may take up to thirty (30) additional calendar days for the provider to receive payment or instructions from the Blue Plan.

Providers should continue to submit claims for services that are covered by Medicare directly to Medicare. Even if Medicare benefits may exhaust or have exhausted, continue to submit claims to Medicare to allow for the crossover process to occur and for the member's benefit policy to be applied.

To view a list of frequently asked questions, please visit our website at http://www.bcbst.com/providers/news/ and click on the *Medicare Crossover Duplicate Claims FAQs*.

*****These changes will be included in the appropriate 3Q or 4Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manual.

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### †Provider Service lines

***Featuring "Touchtone" or "Voice Activated" Responses***

**Note**: If you have moved, acquired an additional location, or made other changes to your practice, choose the "touchtone" option or just say "**Network Contracts or Credentialing**" when prompted, to easily update your information.

**Commercial Lines** **1-800-924-7141**
**(includes CoverTN; CoverKids & AccessTN)**

***Operation Hours***
Monday–Friday, 8 a.m. to 5:15 p.m. (ET)

***Medical Management Hours***
Monday-Friday, 9 a.m. to 6 p.m. (ET)

**BlueCare** **1-800-468-9736**
**TennCare*Select*** **1-800-276-1978**
**CHOICES** **1-888-747-8955**
**SelectCommunity** **1-800-292-8196**
Monday – Friday, 8 a.m. to 6 p.m. (ET)

***BlueCare/TennCareSelect Medical Management Hours***
Monday-Friday, 8 a.m. to 6 p.m. (ET)

**BlueCard**
Benefits & Eligibility **1-800-676-2583**
All other inquiries **1-800-705-0391**
Monday – Friday, 8 a.m. to 5:15 p.m. (ET)

**BlueAdvantage** **1-800-841-7434**
Monday – Friday, 8 a.m. to 5 p.m. (ET)

***eBusiness Technical Support***
Phone: Select Option 2 at **423-535-5717**
e-mail: eBusiness_service@bcbst.com
Monday – Thursday, 8 a.m. to 5:15 p.m. (ET)
Friday, 9 a.m. to 5:15 p.m. (ET)

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BlueAlert℠
provider news flash

of Tennessee

Please Route to all Providers & Office Staff

September 2013

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## CLINICAL

### Medical Policy updates/changes

The BlueCross BlueShield of Tennessee Medical Policy Manual has been updated to reflect the following policies. The full text of policies listed below can be accessed at http://www.bcbst.com/providers/mpm.shtml under the "Upcoming Medical Policies" link.

**Effective Oct. 12, 2013**

- Botulinum Toxin
- Molecular Markers in Fine Needle Aspirates of the Thyroid
- Orthopedic Applications of Stem Cell Therapy

**Effective Nov. 13, 2013**

- Ventricular Pacemakers for the Treatment of Heart Failure

**Note:** These effective dates also apply to BlueCare /TennCare *Select* pending State approval.

### Clinical Practice Guidelines adopted August 2013

BlueCross BlueShield of Tennessee has adopted the following guidelines as practice resources:

**Global Initiative for Chronic Obstructive Lung Disease. Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Lung Disease**
http://www.goldcopd.org/

**2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines**
<http://circ.ahajournals.org/content/127/4/e362.full>

**Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society**
http://www.annals.org/content/147/7/478

**Guidelines for the Prevention of Stroke in Patients with Stroke or Transient Ischemic Attack. A Guideline for Healthcare Professionals from the American Heart Association/American Stroke Association (2010)**
<http://stroke.ahajournals.org/content/42/1/227.full.pdf>

**Guide to Clinical Preventive Services**
<http://www.uspreventiveservicestaskforce.org/recommendations.htm>

**Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents — Third Edition (2008)**
<http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html>
Periodic table
<http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf>

**1998: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. The Evidence Report**
<http://www.nhlbi.nih.gov/guidelines/obesity/index.htm>

**Complimentary tool: NHLBI Obesity Education Initiative. The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults**
<http://www.nhlbi.nih.gov/guidelines/obesity/prctgd_c.pdf>

**2012 ACCF/AHA Focused Update of the Guideline for the Management of Patients With Unstable Angina/Non -ST-Elevation Myocardial Infarction (Updating the 2007 Guideline and Replacing the 2011 Focused Update): A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines**
<http://circ.ahajournals.org/content/126/7/875.full.pdf+html>

**Seventh Report of the Joint National Committee (JNC) on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure**
<http://www.nhlbi.nih.gov/guidelines/hypertension/jnc7full.pdf>
**Use in correlation with: JNC 7 Express**
<http://www.surhta.com/PDF/JNC%207/JNC7Express.pdf>

**2013 ACCF/AHA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines**
<http://circ.ahajournals.org/content/early/2013/06/03/CIR.0b013e31829e8776.full.pdf>

Hyperlinks to these guidelines are also available within the BlueCross BlueShield of Tennessee Health Care Practice Recommendations Manual, which can be viewed in its entirety on the company website at http://www.bcbst.com/providers/hcpr/. Paper copies can be obtained by calling 1-800-924-7141, ext. 6705.

## ADMINISTRATIVE

### Reminder: Electronic claims submission

BlueCross BlueShield of Tennessee is promoting greater use of electronic processing tools, including greater adoption of electronic claims submissions. In addition to encouraging providers to submit claims electronically whenever possible, we are also responding to feedback from providers by developing new tools to address gaps in some existing processes that can lead to paper claim submission. In addition, we are contacting providers to help resolve issues that have been identified as a barrier to achieving a fully electronic claims submission environment.

Please contact eBusiness Support† at (423) 535-5717, and select option 2, to discuss how your organization can continue moving from paper to electronic claims submission. More information is available on the company website at http://www.bcbst.com/providers/ecomm/ or you can contact us via email at eBusiness_Service@bcbst.com.

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## ADMINISTRATIVE (Cont'd)

### Specialty pharmacy update *

Caremark Specialty Pharmacy and Walgreens Specialty Pharmacy have chosen to no longer participate in the BCBST specialty pharmacy network going forward. You can order your specialty pharmacy medications for your patients or your office from one of the specialty pharmacies listed below effective Aug. 1, 2013:

Accredo Health Group
1-888-239-0725

Amerita, Inc.
1-855-778-2229

BioPlus Specialty Pharmacy
1-888-292-0744

CoramRx
1-866-710-9130

CuraScript, Inc.
1-888-773-7376

### BlueAccess® security enhancements

When registering for a new BlueAccess account or when using the BlueAccess "forgot/reset password" option, users will soon be asked to enter an email address, answer new security questions, and choose a user role. These steps are part of our continuing security enhancements to BlueAccess to further prevent unauthorized access to PHI. For more information on BlueAccess registration, contact eBusiness Solutions at (423) 535-5717 Option 2 or by email at ebusiness_service@bcbst.com.

### Cultural disparities analysis

For BCBST Commercial and TennCare members who had claims in 2012, an analysis of top conditions by race/ethnicity was conducted by line of business and overall, using episode treatment groupings. In addition, we examined compliance with evidence-based guideline measures to determine if compliance varied by race.

*Asians*

- Asian Commercial and TennCare members had lower prevalence for every top condition except Hyperlipidemia and Blood Borne Cancer when compared to all other racial/ethnic groups. The prevalence of Obesity for Asian Commercial members was more than half of other racial/ethnic groups.

*African Americans*

- African American Commercial members had a much lower rate of hyperlipidemia compared to other racial/ethnic groups.
- African American TennCare members had significantly higher rates of STDs compared to other racial/ethnic groups.

*American Indian/Alaskan Native*

- AI/AN TennCare members had almost double the prevalence of endocrine gland disease or disorder compared to all the other racial/ethnic groups.

*Hispanics*

- Hispanic Commercial members had low compliance with most preventive measures in the gap measure groups.
- The prevalence of hypertension was significantly lower for Hispanic TennCare members compared to other racial/ethnic groups.

*White*

- White Commercial members had a significantly higher prevalence of hypertension compared to other racial/ethnic groups.

### Clarification: Interventional pain management

In the July BlueAlert, BlueCross provided a high-level overview of new legislation that applies to providers who perform interventional pain management procedures. This information was not intended as a detailed analysis of the law, but rather to provide notification of its existence.

BlueCross intends to comply with the law. Providers interested in specific provisions of the law can access it in its entirety on the Tennessee Government website at <http://www.tn.gov/sos/acts/107/pub/pc0961.pdf>.

### Prior authorization for CPAP and TENS Unit *

Initial commercial authorization requests for Continuous Positive Airway Pressure (CPAP) and Transcutaneous Electrical Nerve Stimulation (TENS) will require a rental period. For BlueCross to consider benefits toward the purchase of the equipment the member must meet usage requirements during the rental period. Following rental, the provider should submit a request for authorization to purchase the equipment, along with clinical information reflecting compliance with the usage requirement as evidenced by a download of the equipment.

Effective Oct. 1, 2013, the **CPAP** rental period has been extended to three (3) months. A member is compliant if the CPAP is used four (4) or more hours per night for at least 70 percent of the time.

The **TENS** Unit rental period is one (1) month. Clinical information must reflect the effects and benefits as well as efficacy and compliance demonstrated in the initial therapeutic trail.

Requests for prior authorization of DME equipment should be submitted via fax on the Durable Medical Equipment Request form available on the company website at http://www.bcbst.com/providers/forms/.

# BlueCare Tennessee

## ADMINISTRATIVE

### Reminder: Medical emergency codes available online

Some medical claims are being denied because the code billed is not approved for "emergency" situations. Medical Emergency Code Lists are available on the Provider page of the company website by description and by code at <http://bluecare.bcbst.com/Providers/Provider-Education-and-Resources/Clinical-Practice-Guidelines.html>.

### New Grier PIN web application coming soon

A new web-based application will soon be available on BlueAccess for behavioral health providers who currently fax their

*These changes will be included in the appropriate 3Q or 4Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manuals.

# BlueCare Tennessee

## ADMINISTRATIVE (Cont'd)

### New Grier PIN web application coming soon (Cont'd)

Grier Provider Initiated Notice (PIN) requests to BlueCare Tennessee. The application will allow providers to directly enter the details for submittal and will improve tracking and turnaround times. Look for more information in future BlueAlert publications, or contact your behavioral health regional network manager.

### New claims editing system

Implementation of Igenex Claims Editing System or iCES, the new claims editing system for both professional and facility claims is rescheduled to begin Nov. 1, 2013. iCES utilizes industry rules, as well as federal regulations and policies governing health care claims. You may see some slight differences in how claims are processed as a result of our change to iCES. Look for more information in upcoming articles in *BlueAlert* or on the Provider page of the BlueCare Tennessee website at <http://bluecare.bcbst.com/Providers/index.html>

### State mandated benefit limits

The 2014 Budget has been passed by the Tennessee General Assembly. Therefore, the following changes must be implemented by BlueCare Tennessee effective Oct. 1, 2013.

**NOTE:** These changes will only apply to our adult members.

**Facet/Medial branch block injections** will no longer be a covered expense as of Oct. 1, 2013.

**Trigger point injections** will be limited to four (4) per muscle group in any period of six (6) consecutive months. The counts will begin with the first shot on or after Oct. 1, 2013. There will be a retrospective audit process on these services which recoveries could occur if the limit is exceeded.

**Epidural steroid injections** (62310, 62311, 62318, 62319, 64479, 64480, 64483, and 64484) will be limited to three (3) in any period of six (6) consecutive months, and will require prior authorization effective Oct. 1, 2013. The counts will begin with the first shot on or after Oct. 1, 2013. **NOTE**: The limit will NOT apply in conjunction with labor and delivery.

**Urine drug screens** will be limited for claims coded with HCPC Code G0434 with a limit of twelve (12) per calendar year and HCPC Code G0431 with a limit of four (4) per calendar year. These limits will not apply to the emergency department. Urine drug screens billed under the 8xxxx series will not be covered. Claims must be billed with the appropriate G code.

**TENS unit for chronic low back pain –** Effective July 1, 2013, TennCare no longer covers TENS unit for chronic low back pain. Beginning Oct. 1, 2013 BlueCare Tennessee will no longer authorize previously approved supplies for a TENS unit used for chronic low back pain.

Please check our website http://bluecare.bcbst.com for more information to follow.

### Prior authorization requirement removed for certain services

Effective, Sept. 1, 2013, certain outpatient procedures and certain durable medical equipment (DME) will no longer require prior authorization, for BlueCare/ TennCare*Select* members. A complete listing of codes, no longer requiring prior authorization, is available on the company website, http://bluecare.bcbst.com/. Out-of-network services continue to require prior authorization.

### Reminder: Prior authorization requirement for DME suppliers

Prior authorization, required for durable medical equipment (DME), should be obtained before services are rendered. Services provided more than 24 hours prior to submission of an authorization request will be denied as **non-compliant**. An exception is considered acceptable for services provided on weekends and holidays when a prior authorization is submitted the next business day.

# BlueCare Plus

## ADMNISTRATIVE

### BlueCare Plus HMO D-SNP *

Effective Jan. 1, 2014, BlueCare Plus is offering a new Dual Special Needs Plan (D-SNP) to help improve the coordination of care for Medicare and Medicaid enrollees. Member enrollment will begin Oct. 1, 2013. This plan is a Medicare Advantage HMO managed by BlueCare Plus that will only enroll dual eligible members. BlueCare Plus offers a Model of Care that provides the structure for delivering care management and services to the dual eligible members with special health care needs.

Providers with questions about BlueCare Plus D-SNP may contact their local Provider Service Network Manager, or visit the new BlueCare Plus website, which will be available on Sept. 27, 2013 at bluecareplus.bcbst.com.

# BlueAdvantage℠

## ADMINISTRATIVE

### HIPPS requirement for home health claims

The Centers for Medicare & Medicaid Services (CMS) has delayed the rejection of Medicare Advantage (MA) plan claims for no health insurance prospective payment system (HIPPS) code for home health services until Dec. 1, 2013. Any home health claim submitted without the HIPPS code for service dates on or after Dec. 1, 2013, will be disallowed/rejected. Please refer to CMS Publication 100-4, chapter 10, section 10.1.8 for HIPPS coding guidelines.

*These changes will be included in the appropriate 3Q or 4Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manuals.

# BlueAdvantage℠

## ADMINISTRATIVE (Cont'd)

### Reminder: Health assessments for Medicare Advantage members

BlueAdvantage has two new programs to improve the quality of care for our members, your patients. The first includes voluntary in-home, in-depth health risk assessments conducted by clinicians. The second program involves the creation of a provider assessment form (PAF) to assist you with the coordination and documentation of health care of your senior members.

PCPs should have received a list of their BlueAdvantage members to help identify patients eligible to receive the assessment. BlueAdvantage will provide additional compensation for the completion of this form. Additional information about both programs as well as the form are located on the company website at <http://www.bcbst.com/providers/BlueAdvantage-PPO/>.

# BlueCard

## ADMINISTRATIVE

### Electronic Provider Access improves prior authorization review process

Effective Jan. 1, 2014, Electronic Provider Access (EPA) makes it easier for providers to conduct prior authorization review for out-of-state members electronically. Currently, providers who want to conduct prior authorization review for out-of-state members generally have to call the member's Home Plan directly for authorization or use the 1-800-676-BLUE number. With very few steps, EPA affords a more efficient process for providers to verify prior authorization review electronically for out-of-state members.

Please look for future *BlueAlert* articles with more information on EPA.

# Cover Tennessee

## ADMINISTRATIVE

### CoverKids network change

The State of Tennessee budget for the CoverKids and HealthyTNBabies programs includes realigning the networks that serve these members. As a result, CoverKids and HealthyTNBabies members will be served through the TennCare*Select* Network of providers beginning Oct. 1, 2013.

Information to note regarding this change:

- Member benefits remain the same.
- "CoverKids" will appear in the top right corner of the member ID card.
- Value Options will administer behavioral health benefits.
- Reimbursement for pregnant women in their second or third trimester will be based on contracted Network S rates.
- National Drug Code (NDC) is required for all charges for provider-administered drugs.

Member ID cards for CoverKids members will also reflect the network name (TennCare*Select* Network) in the bottom left corner of the card.

### Clarification: Cover Tennessee continues to require prior authorization for observation stays

Cover Tennessee groups, including CoverTN, AccessTN, CoverKids, and HealthyTNBabies, require prior authorization for observation stays. The removal of the requirement of prior authorization for observation stays for commercial lines of business does not affect Cover Tennessee products.

*****These changes will be included in the appropriate 3Q or 4Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manual.

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### †Provider Service lines

***Featuring "Touchtone" or "Voice Activated" Responses***

**Note**: If you have moved, acquired an additional location, or made other changes to your practice, choose the "touchtone" option or just say "**Network Contracts or Credentialing**" when prompted, to easily update your information.

**Commercial Lines** **1-800-924-7141**
**(includes CoverTN; CoverKids & AccessTN)**

***Operation Hours***
Monday–Friday, 8 a.m. to 5:15 p.m. (ET)

***Medical Management Hours***
Monday-Thursday, 8 a.m. to 5:15 p.m. (ET)
Friday, 9 a.m. to 5:15 p.m. (ET)

| | |
|---|---|
| **BlueCare** | **1-800-468-9736** |
| **TennCare*Select*** | **1-800-276-1978** |
| **CHOICES** | **1-888-747-8955** |
| **SelectCommunity** | **1-800-292-8196** |

Monday – Friday, 8 a.m. to 6 p.m. (ET)

***BlueCare/TennCareSelect Medical Management Hours***
Monday-Friday, 8 a.m. to 6 p.m. (ET)

**BlueCard**
Benefits & Eligibility **1-800-676-2583**
All other inquiries **1-800-705-0391**
Monday – Friday, 8 a.m. to 5:15 p.m. (ET)

**BlueAdvantage** **1-800-841-7434**
Monday – Friday, 8 a.m. to 5 p.m. (ET)

***eBusiness Technical Support***
Phone: Select Option 2 at **423-535-5717**
e-mail: eBusiness_service@bcbst.com
Monday – Thursday, 8 a.m. to 5:15 p.m. (ET)
Friday, 9 a.m. to 5:15 p.m. (ET)

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BlueAlert℠
provider news flash

of Tennessee

Please Route to all Providers & Office Staff

October 2013

# Health Insurance Marketplace

## It's a new day in health care

The Health Insurance Marketplace (also known as the Exchange) may have a significant impact on your practice and your patients. For many Tennesseans, it may provide a new opportunity to have more affordable health insurance and greater access to health care services.

The Health Insurance Marketplace is an online market where people can buy standardized health insurance plans, compare and purchase policies – and apply for financial support to help pay for coverage. The new Marketplace is a requirement of the health care law.

If an individual qualifies, the Marketplace provides federal subsidies to help them pay for monthly premiums or lower their health care costs.

BlueCross BlueShield of Tennessee – a not-for-profit company – is the only health plan issuer who has committed to selling plans on the Marketplace in each of Tennessee's eight service regions. No matter where your patients live in Tennessee, BlueCross has an affordable and comprehensive benefit plan for them.

Learn more about the Marketplace at www.bcbst.com/KnowNow or www.healthcare.gov and stay tuned for more updates from us in the near future.

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## CLINICAL

### Medical Policy updates/changes

The BlueCross BlueShield of Tennessee Medical Policy Manual has been updated to reflect the following policies. The full text of policies listed below can be accessed at http://www.bcbst.com/providers/mpm.shtml under the "Upcoming Medical Policies" link.

**Effective Nov. 5, 2013**

- Sleep Disorder Diagnosis and Treatment

**Effective Nov. 9, 2013**

- Canakinumab
- Interspinous and Interlaminar Stabilization/Distraction Devices (Spacers); Interspinous Fixation (Fusion) Devices
- Proton or Helium Ion Beam (Charged Particle) Radiation Therapy
- Radiotherapy for the Treatment of Prostate Cancer

**Note:** These effective dates also apply to BlueCare /TennCare *Select* pending State approval.

### Modified Utilization Management Guideline updates/changes

BlueCross BlueShield of Tennessee's website has been updated to reflect upcoming modifications to select Modified Utilization Management Guidelines. The *Modified Utilization Management Guidelines* can be viewed on the Utilization Management Web page at <http://www.bcbst.com/providers/UM_Guidelines/Upcoming_Changes/Upcoming_Changes.htm>.

**Effective Nov. 13, 2013**

***The following as relates to Inpatient & Surgical Care***:

- Abdominal Aortic Aneurysm, Endovascular Repair
- Ileus
- Newborn Care
- Removal of Posterior Spinal Instrumentation
- Tibial Osteotomy, Child or Adolescent

### Changes to commercial drug formulary

Effective Oct. 1, 2013, BlueCross BlueShield of Tennessee's Pharmacy and Therapeutics Committee will implement the following changes to its commercial drug formulary:

**Drugs moving from Tier 3 to Tier 2**

| | |
|---|---|
| Amitiza | Liptruzet |
| Brilinta | Linzess |
| Combivent Respimat | Myrbetriq |
| Effient | Seroquel XR[PA] |
| Eliquis | Zetia |
| Levemir Pens | |

**Placed on Tier 3:**
Kapvay

**No longer requires Prior Authorization (PA):**

| | |
|---|---|
| Butrans | Pradaxa |
| Eliquis | Xarelto |

**Remove Quantity Limit (QL):**

| | |
|---|---|
| Brilinta | Xarelto 10mg |
| Noxafil | |

**No longer on Step Therapy:**
Rapaflo

For additional information regarding the *2013 Three Tier Formulary* see the company website at <www.bcbst.com/pharmacy/pdf_documents/3-tierFormulary.pdf>.

### New drugs added to commercial specialty pharmacy listing

Effective Oct. 1, 2013, the following drugs have been added to our Specialty Pharmacy drug list. Those requiring prior authorization are identified by (PA).

***Provider-administered via medical benefit:***
Simponi Aria (PA)

***Self-administered via pharmacy benefit:***
Astagraf XL
Gilotrif
Tivicay

Additional information regarding the *2013 Three Tier Formulary* is available on the company website at <www.bcbst.com/pharmacy/pdf_documents/3-tierFormulary.pdf>.

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## CLINICAL (Cont'd)

### New TN Law regarding opioids, benzodiazepines effective Oct. 1, 2013

The Addison Sharp Prescription Regulatory Act states that effective Oct. 1, 2013, **no prescription for any opioid or benzodiazepine may be dispensed by a Tennessee licensed pharmacy (including out-of-state Tennessee licensed pharmacies mailing into Tennessee) in quantities greater than a thirty (30) day supply.**

According to the Tennessee Pharmacists Association (TPA) the law applies to any drug pharmacologically classified by the FDA as an opioid or benzodiazepine. The law does not specify a list of drugs, therefore the pharmacist must use professional judgment.

This new law places no limits on quantities of opioids or benzodiazepines that can be *prescribed*. However, if a *prescriber* is also *dispensing*, the *dispensing* limitations of a thirty (30) day supply is applicable.

For additional information about this new law, see the <Board's September 2013 newsletter>. If you have further questions, please contact the Board of Pharmacy. Additional provisions of this law, require the Tennessee Commissioner of Health to develop recommended treatment guidelines for prescribing of opioids, benzodiazepines, barbiturates and carisoprodol by Jan. 1, 2014.

## ADMINISTRATIVE

### New drugs added to commercial specialty pharmacy listing

The following provider-administered drug has previously been on our specialty list requiring prior authorization, however, **effective Oct. 1, 2013** this drug no longer requires prior authorization.
Amevive

Providers can obtain prior authorization for:

- Provider-administered drugs that have a valid HCPCS code by logging onto BlueAccess, the secure area of www.bcbst.com. Select *Service Center* from the main menu, followed by *Authorization/Advance Determination Submission*. Providers not registered with BlueAccess or needing assistance with our website, www.bcbst.com can call eBusiness Technical Support†.
- Provider-administered specialty drugs that do not have a valid HCPCS code by calling 1-800-924-7141.
- Self-administered specialty drugs by calling Express Scripts at 1-877-916-2271.

**Note:** BCBST updates its Web authorization forms on a quarterly basis. If the HCPCS code is not available now, it may be available in the near future.

### Reminder: Electronic supplemental claim information

As part of BCBST's goal to offer more robust electronic filing solutions for providers, please review the information below and share the related instructions in the provider administration manuals with your practice management vendor, billing agent, or clearinghouse. By following these guidelines, we can handle electronic claims requiring additional data more efficiently with less need for additional documentation requests to support processing of your claim.

Two common scenarios are listed below:

- DME Invoice data such as product names, descriptions, and other necessary pricing data may be submitted in ANSI 837 NTE segments per the format described in the June *BlueAlert* and the BCBST commercial and BlueCare Tennessee provider administration manuals.
- Per the BCBST Commercial and BlueCare Tennessee provider administration manuals, additional NDC and quantity information is required to support accurate processing of BlueCare claims and not otherwise classified (NOC) drugs. To ensure all required data is submitted on your electronic claim in the ANSI 837 LIN / CTP segments, please refer to the provider administration manuals for detailed instructions. An industry whitepaper on this topic may also be viewed online at <http://www.wedi.org/knowledge-center/documents/white-papers/resources/2013/02/26/white-paper-the-ndc-reporting-requirements-in-health-care-claims>.

For information on how to submit claims and additional documents electronically see the company website at <www.bcbst.com/providers/ecomm/technical-information.shtm>.

If you have questions regarding this or any electronic filing issue, please contact eBusiness Technical Support†.

### ICD-10 Preparation Survey results

Effective Oct. 1, 2014, federal regulations require that ICD-10 codes replace ICD-9 codes, which will require business and system changes throughout the health care industry. In order to determine the preparedness of our providers, we asked you to complete a brief survey and we now have the results.

The majority of survey participants stated they have already started to educate their organization on ICD-10. That's great news! Additionally, a majority of survey participants look to *BlueAlert* and our company website, www.bcbst.com to learn more about ICD-10, however, some survey participants also indicated they do not know when they will begin testing.

In addition to the multiple resources located on our website, here are some suggestions to prepare for testing:

- Inform your staff/colleagues of upcoming changes.
- Identify how ICD-10 will affect your practice/facility.
- Develop and complete an ICD-10 project plan for your organization.
- Identify each task, including a deadline and who is responsible.
- Develop plan for communicating with staff and business partners about ICD-10.
- Estimate and secure budget.

*These changes will be included in the appropriate 4Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manuals.

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## ADMINISTRATIVE (Cont'd)

### ICD-10 Preparation Survey results (Cont'd)

- Select/retain vendor(s).
- Review changes in clinical documentation requirements and educate staff by reviewing frequently used ICD-9 codes and new ICD-10 codes.

For more information regarding ICD-10 implementation and BCBST progress, please see the Provider page of our website, www.bcbst.com by clicking ICD-10 or you can type the following link in your URL <http://www.bcbst.com/providers/icd-10.shtml>.

### Website changes

If you visit our website often (www.bcbst.com), you'll notice that it has been completely redesigned to better meet your needs and those of our members. The new design is easier to navigate, helping you quickly get to the information you need. We will continue to enhance the site in the coming months, so please let us know how we can make further improvements.

### Reminder: Durable medical equipment (DME) and prosthetics and orthotics (DMEPOS) requirements

Providers billing for DME should have a Home Medical Equipment license. The only exceptions are providers billing for non-motorized equipment (e.g. walkers, canes, crutches).

DME and medical supplies should only be billed by a DME provider when the services are purchased in a DME retail store or delivered to the member at their private residence. DME or medical supplies provided in a facility setting or during ambulance transport should not be billed by the DME provider. DME and supply services in these settings are incidental to the services provided by the facility or ambulance provider. Services billed improperly by DME or medical supply providers for items provided during a facility stay or ambulance transport are subject to recovery.

Providers billing for prosthetics or orthotics should have proper certification or accreditation. The provider is responsible for ensuring all codes billed are valid for the date of service. Information concerning certification and licensing requirements, as well as billing guidelines, is available in the provider administration manuals located on the company website at http://www.bcbst.com/providers/manuals/.

### Quality focus on women's health

Nationwide, October is known as Breast Cancer Awareness Month. BlueCross would like to extend that focus to **all** women's health, especially breast cancer screening, cervical cancer screening, chlamydia screening and osteoporosis. Prenatal or postpartum visits may also provide a good opportunity for Pap screenings and chlamydia screenings. Encourage and educate parents of preteens on HPV vaccines, and for older women, check for osteoporosis and discuss risks of falling.

BlueCare Tennessee, Cover Tennessee and BlueCross conduct multiple activities focused on increasing patient awareness including:

- Automated telephone calls to members with directed reminders and education on the importance in cervical cancer screenings, breast cancer screenings and chlamydia screening, as well as other preventive testing;
- Health cards are mailed to women during their birthday month with information on Pap tests and mammography encouraging them to discuss with their health care provider whether they should be tested;
- Telephone calls to members identified as not having a current breast cancer screening and assistance with scheduling appointments; and
- Newsletter articles with education on the importance of all preventive tests supporting clinical practice guidelines, thereby improving the member's quality of life.

**Prevention messages are more effective when coming from the member's health care provider.** Please encourage your female patients to schedule these important screenings as appropriate.

### Requests for authorization

Effective Nov. 1, 2013, requests for authorization of services for members with commercial plans for **DME, Home Health and HIT** must be faxed on the appropriate ***BlueCross*** form, located on our company website at http://www.bcbst.com/providers/forms/. Forms should be completed in their entirety to prevent delays. Requests received that are not on BlueCross forms will be returned to you.

For the fastest response, submit requests online 24-hour-per-day, 7-days-per-week via BlueAccess®. If you are not a registered user of BlueAccess, contact eBusiness Technical Support† at (423) 535-5717 and select Option 2.

### Reminder: Duplicate claims handling for Medicare crossover

Effective Oct. 13, 2013, when a Medicare claim has crossed over, providers are to wait 30 calendar days from the Medicare remittance date before submitting the claim to BlueCross BlueShield of Tennessee. Medicare primary claims, including those with Medicare exhaust services, that have crossed over and are received within 30 calendar days of the Medicare remittance date or with no Medicare remittance date will be returned or rejected by BlueCross BlueShield of Tennessee.

The claims you submit to the Medicare intermediary will be crossed over to the Blue Plan only after they have been processed by the Medicare intermediary. This process may take approximately 14 business days to occur. This means that the Medicare intermediary will be releasing the claim to the Blue Plan for processing about the same time you receive the Medicare remittance advice. As a result, upon receipt

*These changes will be included in the appropriate 4Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manuals.

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## ADMINISTRATIVE (Cont'd)

### Reminder: Duplicate claims handling for Medicare crossover (Cont'd)

of the remittance advice from Medicare, it may take up to 30 additional calendar days for you to receive payment or instructions from the Blue Plan.

Providers should continue to submit services that are covered by Medicare directly to Medicare. Even if Medicare may exhaust or has exhausted, continue to submit claims to Medicare to allow for the crossover process to occur and for the member's benefit policy to be applied.

To view a list of frequently asked questions, please visit our website at http://www.bcbst.com/providers/news/ and click on the *Medicare Crossover Duplicate Claims FAQs*.

### Cultural disparities analysis

The September *BlueAlert* provided a summary analysis of disparities as indicated by 2012 claims data of top conditions by race/ethnicity for our Commercial and BlueCare Tennessee populations. Please review the results and use as a reminder and perhaps to flag records when our members are seen in your office. The summary has been repeated for your perusal.

Future articles will highlight particulars relative to the disparity.

Thank you for your assistance in closing the gaps!

*Asians*

- Asian Commercial and TennCare members had lower prevalence for every top condition except Hyperlipidemia and Blood Borne Cancer when compared to all other racial/ethnic groups.
- The prevalence of Obesity for Asian Commercial members was more than half of other racial/ethnic groups.

*African Americans*

- African American Commercial members had a much lower rate of hyperlipidemia compared to other racial/ethnic groups.
- African American TennCare members had significantly higher rates of STDs compared to other racial/ethnic groups.

*American Indian/Alaskan Native*

- AI/AN TennCare members had almost double the prevalence of endocrine gland disease or disorder compared to all the other racial/ethnic groups.

*Hispanics*

- Hispanic Commercial members had low compliance with most preventive measures in the gap measure groups.
- The prevalence of hypertension was significantly lower for Hispanic TennCare members compared to other racial/ethnic groups.

*White*

- White Commercial members had a significantly higher prevalence of hypertension compared to other racial/ethnic groups.

### RationalMed®: Closing Gaps in Patient Safety

BlueCross BlueShield of Tennessee has partnered with Express Scripts to implement RationalMed, a clinical program that identifies and addresses drug therapy-related health risks and gaps in care for all members of clients enrolled in the program.

This program will be implemented for a few select groups in a pilot phase and is designed to deliver:

- Safer use of medications and evidence-based prescribing
- More appropriate, evidence-based patient care
- Fewer avoidable hospitalizations
- Prescription drug savings
- Medical savings
- Insights into the health of a client's population
- Enhanced member care coordination

By leveraging the power of integrated medical claims, pharmacy claims and lab data, RationalMed identifies safety risks and provides patient-specific alerts to physicians and pharmacists.

Key safety risks:

- Adverse drug risk: Interactions between the drug and a patient's disease state or between drugs; excessive dosing; duplicate therapies
- Coordination of care issues: Potential misuse or abuse; poly-pharmacy
- Omission of essential care: Under dosing; omission of essential therapy or drug-related testing/diagnostics; poor adherence

**Note:** This applies to select commercial and Medicare Part D benefit plans.

### SOCRxATES® - A pharmacy quality care initiative

BlueCross and Express Scripts have partnered to launch *SOCRxATES*, a quality care initiative pilot program that delivers electronic alerts regarding clinical opportunities to community pharmacists to enable better health choices, drive patient engagement, improve patient care, and potentially lower health care costs.

Beginning in September, SOCRxATES will be available at participating pharmacies to BlueCross members taking medication to treat cardiovascular, diabetes, pulmonary, immunological, oncological, women's health or neurological conditions. The goal of the program is to improve health for members being treated for these chronic conditions, by improving medication adherence and reducing potential omissions in recommended therapy.

# BlueCare Tennessee

## ADMNISTRATIVE

### Certificate of Medical Necessity (CMN) requirement update

Effective Oct. 1, 2013, BlueCare Tennessee durable medical equipment (DME) suppliers are no longer required to submit a CMN with **prior authorization requests** due to timely submission guidelines and the amount of time required to obtain a Medicare CMN. However, the Medicare CMN remains a requirement of Medicare Guidelines and can be subject to claims audit. If post-payment claims audit is performed and the required documentation is not present, the claim will be subject to recovery.

# BlueCare Tennessee

## ADMNISTRATIVE (Cont'd)

### Updated fax numbers for BlueCare Tennessee *

Please note updates to the following fax numbers:

- Requests for home health (HH) services including skilled and non-skilled with G, S, and T codes, physical therapy, occupational therapy, and speech therapy, should be submitted via fax to 1-865-588-4663.
- Fax *Missed Shifts for Home Health* forms to 1-865-588-4663.
- *Select*Community requests should be faxed to 1-888-255-9175.
- Durable medical equipment (DME) and Orthotic & Prosthetic (O&P) requests should be faxed to 1-866-325-6697.
- Fax all other prior authorization requests to 1-800-292-5311.

### Change to Weight Watchers participation with BlueCare Tennessee

Effective Dec. 31, 2013, Weight Watchers will no longer offer BlueCare Tennessee members the opportunity to participate in their program at no cost. Members currently participating will be able to continue attending Weight Watchers meetings until Dec. 31, 2013. After that date members interested in participating in the program must sign up directly with Weight Watchers at their own expense. Please refer any BlueCare Tennessee member interested in weight management support to contact us at 1-800-468-9698.

### Reminder: Monthly federal exclusion list screening

BlueCare and TennCare*Select* Providers have a **monthly** obligation to screen all employees and contractors against the *U.S. Department of Health and Human Services', Office of Inspector General's List of Excluded Individuals/Entities* (located at www.oig.hhs.gov) and the *General Services Administration's List of Parties Excluded from Federal Programs* (located at <http://healthcarebackgrounds.com/our-services/general-services-administration>).

If an employee or contractor is found to be on the list, Medicaid providers must immediately report any exclusion information discovered to BlueCare Tennessee and remove such employee or contractor from responsibility for, or involvement with a provider's operations related to federal health care programs. Appropriate actions must be taken to ensure the responsibilities of such employee or contractor have not or will not adversely affect the quality of care rendered to any BlueCare Tennessee member or any federal health care program.

Additional information may be found in the *BlueCare Tennessee Provider Administration Manual* in the **Highlights of Provider Agreement** section.

### New prefix for TennCare*Select* members

Effective Nov. 1, 2013, TennCare*Select* member identification numbers will have an alpha prefix of ZED. (BlueCare members will continue to utilize the ZEC prefix). New cards will be sent to TennCare*Select* members by Nov. 1, 2013.

### Coronary stents reimbursement change *

Effective for dates of service Nov. 1, 2013 and after, BlueCare Tennessee will begin reimbursing for coronary stents (when criteria are met) if performed as an outpatient surgical procedure. The reimbursement will be in addition to the procedure rate. BlueCare Tennessee will reimburse for coronary stents at the cost of the device (excluding shipping and handling, and state sales tax) based on the manufacturer's invoice, which is to indicate all discounts and/or rebates. If multiple items are on the manufacturer's invoice, the correct item(s) must be clearly indicated. See the *BlueCare Tennessee Provider Administration Manual* (PAM) for more details in the fourth quarter PAM update.

### Reminder: DME reimbursement

DME providers are reminded that reimbursement for equipment and supplies not requiring prior authorization is based on the associated fee schedules as well as your provider contract.

# BlueAdvantage℠

## ADMINISTRATIVE

### Reminder: Home health therapy authorization requirements

As previously communicated, home health physical therapy (PT) and occupational therapy (OT) services are included in our Musculoskeletal Program. Authorization requests are reviewed by TRIAD Healthcare for these services. Although the evaluation does NOT require authorization the evaluation date and number of requested visits **must be** increased to include the evaluation date. Home health is contracted to bill by revenue code in order for the PT and OT evaluation to process and reimburse correctly, therefore the date of the evaluation is required.

**Note:** Should the requested visits following the evaluation be denied for medical necessity, TRIAD will send BlueAdvantage an approval for the evaluation date. The updated form can be accessed under Home Health via the following link http://www.triadhealthcareinc.com/bcbst/.

### Health assessments for Medicare Advantage members

BlueAdvantage is pleased to announce two new programs to improve the quality of care for our members, your patients. The first includes voluntary in-home, in-depth health risk assessments conducted by clinicians.

The second program involves the creation of a provider assessment form (PAF) to assist you with the coordination and documentation of health care of your senior members. PCPs received a letter with a list of your BlueAdvantage members to help you identify patients eligible to receive the assessment. BlueAdvantage will provide

*These changes will be included in the appropriate 4Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manuals.

# BlueAdvantage℠

## ADMINISTRATIVE (Cont'd)

### Health assessments for Medicare Advantage members (Cont'd)

additional compensation for the completion of this form.

Additional information about both programs and the form are located on the company website at bcbst.com/providers/BlueAdvantage-PPO.

# BlueCard

## ADMINISTRATIVE

### Electronic Provider Access improves prior authorization review process

Effective Jan. 1, 2014, a new tool, Electronic Provider Access (EPA), makes it easier for providers to conduct prior authorization review for out-of-state members electronically. Currently, providers who want to conduct prior authorization review for out-of-state members generally have to call the member's Home Plan directly for authorization or use the 1-800-676-BLUE number.

EPA will be added to the current BlueCard/FEP application (currently used for out-of-state eligibility and claim status) in BlueAccess. This will allow providers to enter the alpha prefix from the member's ID card and be automatically routed to that plan's homepage to conduct prior authorizations. If no electronic option is available for that plan, providers will be given specific instructions on how to obtain an authorization.
Please look for future *BlueAlert* articles with more information on EPA.

If you have any questions about this process, please contact **eBusiness Technical Support†** at **423-535-5717 and select option 2.**

# Cover Tennessee

## ADMINISTRATIVE

### Upcoming changes to Cover Tennessee program *

As a result of State of Tennessee budget reductions and changes due to the new federal health care law, changes are being made to the Cover Tennessee programs during the coming months. Members have been notified of these changes via letter within the past few weeks. The letters are available on the company website at <http://www.bcbst.com/health-plans/cover-tennessee/>. The following are some changes to both the CoverKids and the CoverTN programs.

**CoverKids**
Effective Oct. 1, 2013, CoverKids and HealthyTNBabies members will be served through the TennCare*Select* Network of providers.

- Member benefits remain the same.
- Value Options will administer behavioral health benefits.
- Reimbursement for pregnant women in their second or third trimester will be based on contracted Network S rates.
- National Drug Code (NDC) is required for all charges for provider administered drugs.
- "CoverKids" will appear on the top right corner of the member ID card. The network name (TennCare*Select*) will appear in the bottom left corner.
- This is only a network change, CoverKids members will not become part of the TennCare*Select* Network

Beginning Jan. 1, 2014, CoverKids will no longer offer the buy-in program to families with incomes over 250 percent of the Federal Poverty Level.

**CoverTN**
Because the federal health law will no longer allow health plans with annual caps, effective Jan. 1, 2014, CoverTN coverage will no longer be available. These members are being notified via letter, which will also be available on the website. These members are being advised that they may obtain coverage through an employer group or through the new Health Insurance Marketplace.

Providers with questions may call Provider Service†.

*These changes will be included in the appropriate, 4Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manual.

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### †Provider Service lines

***Featuring "Touchtone" or "Voice Activated" Responses***
**Note**: If you have moved, acquired an additional location, or made other changes to your practice, choose the "touchtone" option or just say "**Network Contracts or Credentialing**" when prompted, to easily update your information.

**Commercial Lines** **1-800-924-7141**
**(includes CoverTN; CoverKids & AccessTN)**
***Operation Hours***
Monday–Friday, 8 a.m. to 5:15 p.m. (ET)

***Medical Management Hours***
Monday-Friday, 9 a.m. to 6 p.m. (ET)

**BlueCare** **1-800-468-9736**
**TennCare*Select*** **1-800-276-1978**
**CHOICES** **1-888-747-8955**
**SelectCommunity** **1-800-292-8196**
Monday – Friday, 8 a.m. to 6 p.m. (ET)

***BlueCare/TennCareSelect Medical Management Hours***
Monday-Friday, 8 a.m. to 6 p.m. (ET)

**BlueCard**
Benefits & Eligibility **1-800-676-2583**
All other inquiries **1-800-705-0391**
Monday – Friday, 8 a.m. to 5:15 p.m. (ET)

**BlueAdvantage** **1-800-841-7434**
Monday – Friday, 8 a.m. to 5 p.m. (ET)

***eBusiness Technical Support***
Phone: Select Option 2 at **423-535-5717**
e-mail: eBusiness_service@bcbst.com
Monday – Thursday, 8 a.m. to 5:15 p.m. (ET)
Friday, 9 a.m. to 5:15 p.m. (ET)

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BlueAlert℠
provider news flash

of Tennessee

Please Route to all Providers & Office Staff

November 2013

# Health Insurance Marketplace

## The Health Insurance Marketplace is open

While the Health Insurance Marketplace technically opened for business on Oct. 1, shopping for coverage hasn't been without glitches. As the federal government continues to improve the functionality of the online experience, one thing remains clear – interest in coverage through the Marketplace remains high.

***We are ready – and we want to help you feel as prepared as possible as well.*** In the coming weeks, BlueCross BlueShield of Tennessee will share key insights and information about specific elements of the Marketplace that we hope will benefit you and your patients. We'll share what we know about financial assistance, what types of plans are available to consumers, how to identify a Marketplace member, how to verify benefits and eligibility and much more.

Importantly, we want to hear from you. Please contact us at bcbstexchange@bcbst.com with your comments or questions.

As always, thank you for your valued partnership. We look forward to working with you to help many thousands of Tennesseans gain health coverage.

**Educational resources for your patients**
You can help direct your patients to information and resources that may help them find affordable and comprehensive coverage. Our website, www.bcbst.com/knownow, is a great place to start.

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## CLINICAL

### Medical Policy updates/changes

The BlueCross BlueShield of Tennessee Medical Policy Manual has been updated to reflect the following policies. The full text of policies listed below can be accessed at http://www.bcbst.com/providers/mpm.shtml under the "Upcoming Medical Policies" link.

**Effective Dec. 14, 2013**

- Genetic Testing for the Diagnosis of Inherited Peripheral Neuropathies
- Laser Therapy for Miscellaneous Applications
- Genetic Testing for Lactase Insufficiency
- Radioembolization for Primary Tumors of the Liver and Metastatic Tumors to the Liver
- Myocardial Sympathetic Innervation Imaging for Individuals with Heart Failure
- Genetic Testing for Statin-Induced Myopathy
- Non Invasive Ventilator (Home Use)

**Effective Feb. 12, 2014**

- Denosumab

**Note:** These effective dates also apply to BlueCare /TennCare *Select* pending State approval.

### Clinical Practice Guidelines adopted October 2013

BlueCross BlueShield of Tennessee has adopted the following guidelines as practice resources:

***Treatment of Patients with Panic Disorder, Second Edition***
<http://www.psychiatryonline.com/pracGuide/pracGuideTopic_9.aspx>

Helping Patients Who Drink Too Much: A Clinician's Guide, Updated 2005 Edition
<http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/guide.pdf >

***Treatment of Patients with Major Depressive Disorder, Third Edition***
<http://psychiatryonline.org/data/Books/prac/PG_Depression3rdEd.pdf>

***Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder***
<http://download.journals.elsevierhealth.com/pdfs/journals/0890-8567/PIIS0890856709621821.pdf>

Hyperlinks to these guidelines are also available within the BlueCross BlueShield of Tennessee Health Care Practice Recommendations Manual, which can be viewed in its entirety on the company website at http://www.bcbst.com/providers/hcpr/. Paper copies can be obtained by calling 1-800-924-7141, ext. 6705.

## ADMINISTRATIVE

### Reminder: Physician's Guide to Patient Ratings

*Patient Review of Physicians* is an online review system that Blue members nationwide can use as part of their decision-making process when selecting a physician or other professional provider. This system allows Blue members to post and view reviews based on actual patient experiences through an easy-to-use, online survey and results-reporting display. BCBST has taken a number of steps to ensure that Blue patient reviews deliver valid and trustworthy data:

- Use of a national question set
- Authentication of all Blue members
- Validation of all Blue members writing reviews (members must verify they have seen the provider)
- Moderation of all open text comments - For security and privacy purposes, reviews that contain user-generated content must undergo both software and human review before the content is displayed.

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## ADMINISTRATIVE (Cont'd)

### Reminder: Physician's Guide to Patient Ratings (Cont'd)

Providers can logon to *BlueAccess* and navigate to the "Transparency Review" section and choose "Provider Ratings Review" to access a summary of all provider reviews and perform a number of provider-specific actions, such as:

- sign up for e-mail or fax alerts when new reviews are received;
- hide up to two (2) reviews; and
- post a response to a review.

A *Physician's Guide to Patient Ratings* brochure is available on the provider page of our company website at http://www.bcbst.com/providers/Physicians_Guide_to_Patient_Ratings.pdf.

Not only is *Patient Review of Physicians* a valuable tool for providing insights into your patients' experiences, it can also attract new patients. While patient reviews are just one of many factors to consider when patients choose a health care provider, research shows that online patient reviews are one of the most sought after pieces of information for consumers. Approximately 85-90 percent of patient reviews are positive, and some physicians use them as a means to promote their practice.

### 2013-2014 Reimbursement for influenza vaccine

The timing of flu is very unpredictable and can vary from season to season. Flu activity most commonly peaks in the U.S. in January or February. However, seasonal flu activity can begin as early as October and continue to occur as late as May. Most, but not all health care plans, cover flu immunizations with no member cost share. Some grandfathered plans may not cover flu immunizations, or may cover them subject to member cost share. Benefits can be verified by calling the appropriate BlueCross BlueShield of Tennessee or BlueCard Provider Service line†.
Each year the formulation of the "seasonal flu vaccine" is determined based on information from the World Health Organization (WHO) and the Centers for Disease Control (CDC). This vaccine contains different "strains" of flu expected to be active for that year. The following influenza immunization guidelines apply for BlueCross BlueShield of Tennessee.

**Commercial**

- ***Vaccine and administration***
  The influenza vaccine, including intradermal and nasal administered, are covered if offered under the member's health care plan.

**BlueCare or TennCare*Select***

- ***Vaccine and administration***
  Covered.

- ***Nasal administered vaccine***
  (recommended for healthy individuals ages 2-49)
  Covered.
  **Note:** The nasal administered vaccine is available under the Vaccines for Children (VFC) Program for children ages 5 through 18 years.

- ***Intradermal administered vaccine***
  (recommended for persons 18 through 64 years of age)

### Specialty pharmacy network changes

In August of 2013 BlueCross BlueShield of Tennessee added BioPlus Specialty Pharmacy, Amerita, Inc and CoramRx to our specialty pharmacy network. Beginning Jan. 1, 2014, the Caremark Specialty pharmacies along with the Walgreens specialty pharmacies will no longer participate in the BlueCross specialty pharmacy network.

### Reminder: Appropriate billing for external insulin pumps

Effective Apr. 1, 2007, regardless of the date of service, and in accordance with the standard transactions and code set requirements under the Health Insurance Portability and Accountability Act of 1996

(HIPAA), BlueCross BlueShield of Tennessee began disallowing external insulin pump supplies billed with HCPCS codes A4230, A4231 and A4232.

To avoid delays in payment, providers are encouraged to refer to the billing guidelines for durable medical equipment in the Commercial and BlueCare Tennessee provider administration manuals and in the Active Medical Policies and Articles for External Infusion Pumps located online at

<http://www.cgsmedicare.com/jc/pubs/news/2011/0601/cope15146.html>.

**Note:** Per BlueCross BlueShield of Tennessee general billing guidelines, claims filed for external insulin pump supplies require the use of span dates. Failure to report span dates will result in claims payment delays.

### Reminder: Recovery of overpayments

BlueCross will issue notification when an overpayment is identified. The overpayment to physicians and ancillary providers will be recovered through an offset to their remittance advice, 45 days from the date of the overpayment notification letter. The 45 days is granted to allow these provider types to review their records and determine whether they agree with BlueCross' overpayment determination. Providers who feel the audit decision is incorrect should follow the Provider Dispute Resolution Process (PDRP) by submitting their request within 30 days from the date of the notification letter. Information related to the PDRP is available on the company website, www.bcbst.com.

Providers, including facilities, should not send reimbursement by check to Blue Cross.

If you have questions, contact your local Network Manager or call the Provider Service line†.

**Note:** The Federal Employee Program (FEP) requires 90 days from the date of the notification of overpayment letter until the payment is recovered.

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## ADMINISTRATIVE (Cont'd)

### Electronic remittance advice changes (ANSI 835)

Due to federal regulations related to the Affordable Care Act, BlueCross will soon be making changes to many of the *Claim Adjustment Reason Codes* and *Remittance Advice Remark Codes* used in your electronic remits. These changes will more accurately and consistently portray adjudication results and will bring alignment among payers in a common usage requirement. To read more about these changes, please visit http://www.caqh.org/ORMandate_EFT.php. If you have any questions about how these changes may impact your posting processes, please contact eBusiness Technical Support†.

# State of Tennessee

## ADMINISTRATIVE

### Prior authorization changes

Effective Oct. 1, 2013, the State of Tennessee employee group 80860 will follow the BlueCross standard prior authorization list requirements as indicated in the *Blue Cross BlueShield of Tennessee Provider Administration Manual*.

# BlueCare/TennCare*Select*

## ADMINISTRATIVE

### Update: Primary care provider (PCP) enhanced payments

Effective Jan.1, 2013, qualified PCPs, as detailed by CMS regulation, are to receive a rate increase effective until Dec. 31, 2014. This rate increase is also referred to as the "PCP Bump". This rate increase also includes payments for services furnished by PCPs under the Vaccines for Children program. Payments to PCPs are being made to designated providers for current claims from Managed Care Contractors. Managed Care Organizations are also beginning the process of making retroactive rate adjustments for qualified providers. Increased payment for physician crossover services from TennCare will begin once required system changes are complete. Physician crossover payments related to these rate increases are currently targeted for January 2014 and will include retroactive payments for eligible providers for eligible services back to January 2013.

BlueCare claims that were received prior to Aug. 1, 2013, are being adjusted to reflect the enhanced reimbursement rates for qualified providers. On Sept. 27, 2013, we began running a program to systematically adjust the claims to reflect the correct rate. These batches were ran on a nightly basis through the middle of October. Some of the claims pended for manual adjustment and these manual adjustments should be completed by the end of the year if not sooner. Payments will appear on providers' weekly remittance advice as they are adjusted.

Visit our website at http://bluecare.bcbst.com for information.

### Durable medical equipment/ prosthetic and orthotic supply (DMEPOS) orders and requests

Prior authorization and/or review of medical necessity may be required before DMEPOS services or supplies can be received by your patients. Providing this information to the DMEPOS supplier at the time of the request will prevent delays in service or supplies for your patients.

The supplier must submit the following on your patient's behalf:

- Current physician's order (within the last 12 months)
- Physician office notes supporting the request

Prior authorization is required before services are rendered. Services rendered more than 72 hours before submission of an authorization will be denied non-compliant.

A list of items that **do not** require prior authorization is available on the company website at <http://bluecare.bcbst.com/Providers/Provider-Education-and-Resources/DME_No_Prior_Auth_Required.pdf>.

The following hierarchy is followed when reviewing DMEPOS requests.

1. TennCare Exclusions
2. TennCare Medical Necessity Rules (available at http://state.tn.us/sos/rules/tenncare.htm)
3. Medicare Guidelines (including national and local coverage determinations)
4. BlueCross BlueShield of Tennessee Medical Policy (available on the company website at <http://www.bcbst.com/providers/mpm.shtml>.

# BlueCare Plus

## ADMINISTRATIVE

### BlueCare Plus HMO D-SNP *

Effective Jan. 1, 2014, BlueCare Plus is offering a new Dual Special Needs Plan (D-SNP) to help improve the coordination of care for Medicare and Medicaid enrollees. Member enrollment began Oct. 1, 2013. This Medicare Advantage HMO plan is managed by BlueCare Plus and enrolls dual-eligible members only. BlueCare Plus offers a Model of Care that provides the structure for delivering care management and services to the dual-eligible members with special health care needs.

Providers with questions regarding BlueCare Plus D-SNP may contact their local Network Manager, visit the Provider page on the BlueCare Plus website at http://bluecareplus.bcbst.com or call our Provider Service line at 1-800 299-1407.

# BlueCard

## ADMINISTRATIVE

### Reminder: Electronic Provider Access improves prior authorization review process

Effective Jan. 1, 2014, a new tool, Electronic Provider Access (EPA), makes it easier for providers to conduct prior authorization reviews for out-of-state members electronically. Currently, providers who want to conduct prior authorization review for out-of-state members generally have to call the member's Home Plan directly for authorization or call 1-800-676-BLUE. EPA will be added to the current

*These changes will be included in the appropriate 4Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manuals.

# BlueCard

## ADMINISTRATIVE (Cont'd)

### Reminder: Electronic Provider Access improves prior authorization review process (Cont'd)

BlueCard/FEP application (currently used for out-of-state eligibility and claim status) in BlueAccess. This will allow providers to enter the alpha prefix from the member's ID card and be automatically routed to that plan's homepage to conduct prior authorizations. If no electronic option is available for that plan, providers will be given specific instructions on how to obtain an authorization.

For additional information on how to logon to the EPA, please visit the Provider page, News section of the company website, http://www.bcbst.com/providers/news/Electronic_Provider_Access_EPA_Out-of-Area_Pre-Service_Review.pdf.

If you have any questions about this process, please contact ***eBusiness Technical Support***†.

# BlueAdvantage℠

## ADMINISTRATIVE

### Verisk Health, Inc. risk adjustment chart collection

The Centers for Medicare & Medicaid Services (CMS) requires Medicare Advantage health plans to confirm diagnoses or ICD-9 codes submitted via claims are supported in the medical records. BlueCross BlueShield of Tennessee is pleased to announce Verisk Health, Inc. has been selected to gather medical records on our behalf and on behalf of BlueCross BlueShield out-of-state plans. BlueCross will use Verisk Health to retrieve medical records for us and out-of-state Blue's plans to support HEDIS, risk adjustment and government required programs related to the Affordable Care Act.

Verisk will provide an efficient centralized process to coordinate medical record requests from BlueCross BlueShield across the country and help reduce multiple requests for patient data.

For your convenience medical records may be submitted to Verisk in the following ways:

- Via uploading the record's image to our secure portal at https://www.submitrecords.com. Simply enter your secure password: *secure897* and select the files to be uploaded using the file naming convention that is included in your request letter
- Via secure fax to 1-888-205-0196

# Cover Tennessee

## ADMINISTRATIVE

### Reminder: Upcoming changes to Cover Tennessee program

As a result of State of Tennessee budget reductions and changes due to the new federal health care law, changes are being made to the Cover Tennessee Programs during the coming months. Members have been notified of these changes via letter. The letters are available on the company website at <http://www.bcbst.com/health-plans/cover-tennessee/>. The following are some changes to both the CoverKids and the CoverTN programs.

CoverKids

Effective Oct. 1, 2013, CoverKids and HealthyTNBabies members began being served through the TennCare*Select* Network of providers.

- Member benefits remain the same.
- Value Options will administer behavioral health benefits.
- Reimbursement for pregnant women in their second or third trimester will be based on contracted Network S rates.
- National Drug Code (NDC) is required for all charges for provider administered drugs.
- "CoverKids" will appear on the top right corner of the member ID card. The network name (TennCare*Select*) will appear in the bottom left corner.

Also, beginning Jan. 1, 2014, CoverKids will no longer offer the buy-in program to families with incomes over 250 percent of the federal poverty level.

CoverTN

Because the federal health law will no longer allow health plans with annual caps, effective Jan. 1, 2014, CoverTN coverage will no longer be available. These members are being notified via letter, which will also be available on the company website. These members are being advised that they may obtain coverage through an employer group or through the new Health Insurance Marketplace.

Providers with questions may call Provider Service† at 1-800-924-7141.

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*****These changes will be included in the appropriate 4Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manual.

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## †Provider Service lines

***Featuring "Touchtone" or "Voice Activated" Responses***

**Note**: If you have moved, acquired an additional location, or made other changes to your practice, choose the "touchtone" option or just say "**Network Contracts or Credentialing**" when prompted, to easily update your information.

**Commercial Lines** **1-800-924-7141**
**(includes CoverTN; CoverKids & AccessTN)**

***Operation Hours***
Monday–Thursday, 8 a.m. to 5:15 p.m. (ET)
Friday, 9 a.m. to 5:15 p.m. (ET)

***Medical Management Hours***
Monday–Thursday, 8 a.m. to 5:15 p.m. (ET)
Friday, 9 a.m. to 5:15 p.m. (ET)

**BlueCare** **1-800-468-9736**
**TennCare*Select*** **1-800-276-1978**
**CHOICES** **1-888-747-8955**
**SelectCommunity** **1-800-292-8196**
Monday – Friday, 8 a.m. to 6 p.m. (ET)

***BlueCare/TennCareSelect Medical Management Hours***
Monday-Friday, 8 a.m. to 6 p.m. (ET)

**BlueCard**
Benefits & Eligibility **1-800-676-2583**
All other inquiries **1-800-705-0391**
Monday – Friday, 8 a.m. to 5:15 p.m. (ET)

**BlueAdvantage** **1-800-841-7434**
Monday – Friday, 8 a.m. to 5 p.m. (ET)

***eBusiness Technical Support***
Phone: Select Option 2 at **423-535-5717**
e-mail: eBusiness_service@bcbst.com
Monday – Thursday, 8 a.m. to 5:15 p.m. (ET)
Friday, 9 a.m. to 5:15 p.m. (ET)

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BlueAlert℠
provider news flash

of Tennessee

Please Route to all Providers & Office Staff

December 2013

# Health Insurance Marketplace

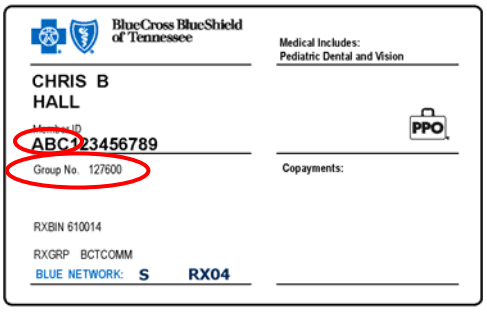
## Common questions about the Health Insurance Marketplace

We have heard from many health care providers with questions about the Marketplace. Following are some of the most common questions and answers.

### *What do the BlueCross BlueShield of Tennessee Marketplace ID cards look like?*

BCBST members with Marketplace plans will have the same member ID card that you have been accustomed to seeing for years. Member ID cards will show they are in **Group number 127600**. The ID cards will also have **unique Member ID prefixes**. Options include:

- Network S – ZXB
- Network E – ZXX
- Network P (through the Multi-State Plan Option) – ZXC




### *What BCBST provider networks are being used for the Marketplace?*

Marketplace products offered by BCBST are built on various networks. All product options are offered statewide on **Blue Network S**. In the four major metropolitan regions – Chattanooga, Knoxville, Memphis and Nashville – your patients will also have the option of purchasing products on a new high-value network, **Blue Network E.** A handful of options are available on **Blue Network P** through the Multi-State Plan Option. **If you are a provider in any of these networks, you will be reimbursed at your current contracted rate. You are not required to take any action in order to participate in the Marketplace.**

### *What if a patient stops paying his or her monthly premium?*

The health care law requires that Marketplace members receiving financial assistance (or advance premium tax credits) be given a 3-month grace period in which to make premium payments. During this time, health insurers may not disenroll members and, during the second and third months of the grace period, are required to notify health care providers about the possibility that claims may be denied if the premium is not paid.

**If the premium is paid** in full during the grace period, coverage will continue and claims for covered services during the grace period will be honored. **If the premium is not paid** in full by the end of the grace period, coverage will terminate the last day of the first month of the 3-month grace period and the member will be liable for services rendered in the second and third month of the grace period.

*(NOTE: This does not apply to Marketplace members who receive no financial assistance; the current 31-day grace period applies.)*

If you want to receive the weekly Health Insurance Marketplace Brief, please send an email to bcbstexchange@bcbst.com and we'll add you to the distribution. Archived copies are available on our website at <www.bcbst.com/providers/health-insurance-marketplace.page> under the "Materials for You" header.

If you have other questions, or suggestions for topics you would like to see explored, please email us at bcbstexchange@bcbst.com.

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## CLINICAL

### Changes to commercial drug formulary

Effective Jan. 1, 2014, BlueCross BlueShield of Tennessee's Pharmacy and Therapeutics Committee will implement the following changes to its commercial drug formulary:

Three drugs for treatment of AIDS/HIV are moving to the Self-Administered Specialty Drug List.

- Atripla
- Complera
- Stribild

Already on the Self-Administered Specialty Drug List are the AIDS/HIV drug, Tivicay and the Transplant drug, Astagraf XL.

#### Changes to the 2014 Preferred Drug List

**Moving to 1st Tier:**

- Adderal XR (generic product, amphetamine mix extended-release, is blocked)*
- Retin-A Micro(PA) (generic product, tretinoin, is blocked)*
- Zovirax Ointment (generic product, acyclovir ointment, is blocked)*

* only applies to plans with 2-Tier and 3-Tier benefits

**Moving to 3rd Tier:**

- Avinza(QL) (class not printed)
- Betaseron(ST)
- Boniva
- Cymbalta (generic duloxetine in 1T)
- Dymista(ST)
- Maxalt(QL) (generic rizatriptan in 1T)
- Micardis/Micardis HCT (to go generic Jan. 2014)
- Twynsta (to go generic in Jan. 2014)
- Zomig(QL) (generic zolmitriptan in 1T)

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## CLINICAL

### Changes to commercial drug formulary (Cont.)

**Moving to 2nd Tier:**

Adcirca(PA)
Atralin
Carac
Daliresp
Daytrana
Elidel
Epiduo
Exforge/Exforge HCT
Gilenya(PA)
Intuniv
Invokana
Lumigan
Lyrica(QL)
Nuvigil(PA)
Protopic
Opana ER(QL) (class not printed)
Quillivant XR
Relpax(QL)
Tecfidera(PA)
Travatan Z
Treximet(QL)
Vimpat
Vyvanse
Zyclara

**Requiring Step Therapy:**

- Betaseron: trial and failure of Avonex, Copaxone, or Rebif; (New starts only)
- Dymista: trial and failure of flunisolide, fluticasone, triamcinolone, or Veramyst
- Edarbi/Edarbyclor: trial and failure of generic ARB or Benicar/Benicar HCT
- Orencia SubQ: trial and failure of Enbrel OR Humira
- Rescula: trial and failure of latanoprost or Lumigan or Travatan
- Teveten/Teveten HCT: trial and failure of generic ARB or Benicar/Benicar HCT
- Xalatan: trial and failure of latanoprost or Lumigan or Travatan
- Zioptan: trial and failure of latanoprost or Lumigan or Travatan

### Medical Policy updates/changes

The BlueCross BlueShield of Tennessee Medical Policy Manual has been updated to reflect the following policies. The full text of policies listed below can be accessed at http://www.bcbst.com/providers/mpm.shtml under the "Upcoming Medical Policies" link.

**Effective Jan. 11, 2014**

- Non-Pharmacologic Treatment of Hyperhidrosis
- Laparoscopic and Percutaneous Techniques of Myolysis for Uterine Fibroids
- Genetic Testing for Facioscapulohumeral Muscular Dystrophy
- Temporomandibular Joint (TMJ) Dysfunction
- Whole Exome and Genome Sequencing

**Effective Feb. 12, 2014**

- Prophylactic Mastectomy

**Note:** These effective dates also apply to BlueCare /TennCare *Select* pending State approval.

## ADMINISTRATIVE

### BlueAccess® Message Center mailbox size limit

To ensure you are receiving all responses to your BlueAccess Message Center inquiries, be sure to monitor your inbox size and delete any unnecessary messages. The Message Center inbox has a size limit of 100 MB, and when the inbox is at its limit, no new messages can be delivered to you. The inbox size status can be viewed under *My Messages* in the top left corner of the inbox. For more information on Message Center, contact eBusiness Technical Support†.

### Specialty pharmacy network changes *

CVS/Caremark Specialty Pharmacies along with the Walgreens Specialty Pharmacies have chosen to no longer participate in the BlueCross BlueShield of Tennessee specialty pharmacy network as of Jan. 1, 2014.

BioPlus Specialty Pharmacy, Amerita, Inc. and CoramRx have recently joined our existing specialty pharmacy network which includes Accredo Health Solutions and CuraScript specialty pharmacy. The Curascript name will be going away at the first of the year, now that the merger with Accredo Health Solutions is complete.

### Billing/coding of laboratory tests performed in the provider office

Billing for services rendered in your office not only assures the correct reimbursement, it also provides evidence that recommended preventive screenings and testing for chronic conditions were completed. If tests and screenings are not billed when done in your office, we may show patients as having gaps in care because we have no code for the procedure and you may not be paid for all services provided. When performing lab tests **in your office**, such as Hemoglobin A1C, LDL-C, urine micro albumin or testing on returned fecal occult blood cards, the CPT® code for the test should be billed either alone or in addition to the Evaluation and Management code if the patient had an office visit on the same date.

For BlueCare Tennessee members, only CPT® codes on the exclusion list can be performed in office rather than being sent to Quest Diagnostics. The BlueCare Tennessee Lab Exclusion List can be found online at <http://bluecare.bcbst.com/forms/Provider%20Information/Quest_Diagnostics-Exclusion_list.pdf>.

### Avoidance of antibiotic treatment in adults and children with respiratory conditions

BlueCross BlueShield of Tennessee is committed to providing physicians with important information that supports appropriate testing and antibiotic use. This quality improvement initiative focuses on the avoidance of antibiotic treatment in children and adults with the following respiratory conditions.

*These changes will be included in the appropriate 4Q 2013 or 1Q 2014 provider administration manual update. Until then, please use this communication to update your provider administration manuals.

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## ADMINISTRATIVE (Cont.)

### Avoidance of antibiotic treatment in adults and children with respiratory conditions (Cont.)

- Children (ages three (3) months to 18 years) with upper respiratory infection (URI)
- Children (ages two (2) to 18 years) with pharyngitis (CWP)
- Adults (ages 18 to 64 years) with acute bronchitis (AAB)

BlueCross would like to partner with physicians on this important initiative. A team of BlueCross clinicians will be visiting various physician offices across the state to work collaboratively to improve quality measurements for antibiotic prescribing and decreasing antibiotic resistance.

Educational information for you to print and share with your patients is available on the company websites www.bcbst.com and http://bluecare.bcbst.com as well as the Centers for Disease Control and Prevention (CDC) website at http://www.cdc.gov/getsmart.

For questions regarding BlueCare Tennessee and/or CoverKids, call Lisa Eaves, RN, BS, CPHQ Clinical Consultant at (423) 535-3542. For Commercial questions, call Ron Trammel, RN, MSN, CPHQ Health Promotion & Education at (423) 535-6025.

### Cardiac services fee schedule revision

Effective Jan. 1, 2014, for all commercial acute care facilities, unless the provider is already contracted in this manner, reimbursement for HCPCS code 92998 (Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel) is changing to be zero allowable. This is not a new code but has been reimbursed incorrectly for many years. HCPCS code 92998 is for each additional vessel. Each additional vessel HCPCS code is considered inclusive in the primary service.

### NDC required for provider-administered medications *

Beginning Jan. 1, 2014, the National Drug Code (NDC) will be required on all CMS-1500 claims for provider-administered medications for all BCBST members, including commercial members. This has been a requirement for provider-administered medications billed to TennCare for a number of years and will now apply to all lines of business.

### Reminder: Important information on member ID card

Providers are reminded to review the member ID card when a patient is seen in their office. The member ID card will reflect current information related to contact phone numbers and addresses, any group or prefix changes to the member's identification number, etc.

A recent update is Network S member identification numbers changed from their former ZEB prefix to ZES. Network P member identification numbers will continue with the prefix of ZEB.

For services provided to Network S participants prior to Oct. 1, 2013, prefix ZEB should be used. Claims for services provided to Network S members on Oct. 1, 2013, and after should be submitted using the ZES prefix.

### Reminder: Rehabilitation facility billing

Based on National Correct Coding Initiative (NCCI) editing, modifier 59 must be applied to each therapy type, where appropriate to be considered on the same claim.

### Cultural disparities analysis

A summary analysis for BCBST Commercial and TennCare members was conducted using 2012 claims data. Please review the following results and use as a reminder and perhaps to flag records when our members are seen in your office.

**Significant Conditions for Commercial Members**

Conditions related to specific health care disparities were diabetes, hypertension and obesity. The prevalence of diabetes for Hispanics and Caucasian members was higher than for other racial/ethnic groups. African American, Hispanic and Caucasian members had obesity rates two (2) times higher than Asian members.

**Significant Conditions for BlueCare Tennessee Members**

Conditions related to specific health care disparities were asthma, STDs and hypertension. African American and Other members had a higher prevalence of asthma compared to all other racial/ethnic groups. The prevalence of STDs was five (5) times higher than all other racial/ethnic groups.

THANK YOU FOR YOUR ASSISTANCE IN CLOSING THE GAPS!

### Reminder: National Consumer Cost Tool (NCCT)

As of July 2013, providers were able to view their cost data for the NCCT within BlueAccess. A refresh of the cost data is performed every six months and will be available for review 60 days prior to being accessible to members. Please log on to BlueAccess to check the latest data that was made available for review on Nov. 1, 2013.

For more information please visit www.bcbst.com and click or copy and paste into your browser the following link <http://www.bcbst.com/providers/news/Accessing_NCCT_Data_via_BlueAccess.pdf>.

*These changes will be included in the appropriate 4Q 2013 or 1Q 2014 provider administration manual update. Until then, please use this communication to update your provider administration manuals.

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

**(Applies to all lines of business unless stated otherwise)**

## ADMINISTRATIVE (Cont.)

### BCBST focuses on improved quality care and service

BlueCross BlueShield of Tennessee's Quality Improvement Program (QIP) focuses on improving the quality and safety of clinical care and service received by its commercial, BlueCare, TennCare*Select*, Cover Tennessee, and Medicare Advantage members. As part of the QIP, BlueCross conducts member education and other activities to improve rates on clinical initiatives.

Despite efforts by BlueCross and our network providers to increase screenings, several rates continue to fall below the national benchmark. The following HEDIS® 2013 results show more emphasis is needed to increase rates for the measures below:

| Product | HEDIS 2013 Results (%) | | |
|---|---|---|---|
| | Retinal Eye | Mammogram | PAP Test |
| **BlueCare - East** | 39.34 | 48.51 | 69.77 |
| **BlueCare - West** | 38.94 | 45.78 | 68.97 |
| **TennCare*Select*** | 59.45 | 52.68 | 55.08 |
| **Commercial** | 48.34 | 64.31 | 71.45 |
| **CoverTN** | 23.76 | 57.88 | 64.06 |
| **AccessTN** | 38.42 | 67.68 | 62.85 |
| **Medicare Advantage - LPPO** | 68.37 | 71.90 | NA |

The Quality Improvement and Outreach Departments at BlueCross BlueShield of Tennessee continue to plan new initiatives to specifically promote these screenings. Health care providers, due to their direct patient contact, also play an essential role in actively encouraging patients to undergo appropriate screenings.

BlueCare Tennessee providers can help improve preventive screening rates for their BlueCare and TennCare*Select* members by participating in BlueCare Tennessee-sponsored community health events featuring onsite screening clinics. Providers who conduct screenings at these events are eligible for reimbursement at their contracted rates. Providers can also host an outreach event for their BlueCare and TennCare*Select* patients at their practice location.

The company websites, www.bcbst.com and http://bluecare.bcbst.com/ offer information and resources to assist providers in performing and promoting preventive care.

For questions regarding the BlueCross BlueShield of Tennessee Quality Improvement Program, please call 1-888-433-8221 or (423) 535-6705.

### Women's preventive care services: Breast-feeding equipment

In compliance with the Affordable Care Act, BlueCross BlueShield of Tennessee will provide coverage for one manual breast pump for eligible lactating mothers under their durable medical equipment (DME) commercial benefits. Since not all policies include this benefit, please continue to verify eligibility and benefits for breast pumps for all female members.

**To receive 100 percent coverage for a breast pump, please ensure the following:**

- Hospital-grade breast pump purchases will not be covered.
- Electric breast pumps (E0604) are covered at the manual pump allowable.
- A physician's prescription is required when purchasing a breast pump through a participating DME supplier.
- Claims for manual breast pumps (E0602) must be filed with v24.1 as the primary diagnosis code.
- Breast pumps must be purchased from in-network DME providers. Members will not be reimbursed for breast pumps purchased at a retail location.
- Only one manual breast pump purchase will be covered.
- Pump replacement parts are not covered.

### Prior authorization change for certain procedures

Effective Jan. 1, 2014, commercial authorization requests that require pictures will need to be mailed to BlueCross for review. **Pictures will not be returned.**

- Blepharoplasty
- Panniculectomy
- Varicose Veins

Authorization requests for these procedures should be mailed to:

Commercial Preauthorization/ODM
BlueCross BlueShield of Tennessee
1 Cameron Hill Circle Ste 0045
Chattanooga TN 37402-0045

Predetermination requests will continue to be mailed to the address listed on the Predetermination Request Form.

### Reminder: Electronic remittance advice changes (ANSI 835)

Due to federal regulations related to the Affordable Care Act, BlueCross BlueShield of Tennessee will soon be making changes to approximately 20 percent of the *Claim Adjustment Reason Codes* and *Remittance Advice Remark Codes* used in your electronic remits. These changes will more accurately and consistently portray adjudication results and will bring alignment among payers in a common usage requirement. To read more about these changes, please visit http://www.caqh.org/ORMandate_EFT.php. If you have any questions about how these changes may impact your posting processes, please contact eBusiness Technical Support†.

# BlueCare/TennCare*Select*

## ADMINISTRATIVE

### Asthma and smoking prevalence higher in African-American members

African-American members within BlueCare Tennessee's population have a higher rate of asthma than other ethnic groups. In the U.S., emergency room visits

*These changes will be included in the appropriate 4Q 2013 or 1Q 2014 provider administration manual update. Until then, please use this communication to update your provider administration manuals.

# BlueCare/TennCare*Select*

## ADMINISTRATIVE (Cont.)

### Asthma and smoking prevalence higher in African-American members (Cont.)

for asthma-related issues among African-American children exceed visits for non-Hispanic Caucasians by more than three (3) times.

**Tobacco could be part of the problem; here's why:**

- Over 38 percent of African-American children live in families with incomes below the federal poverty level.
- Smoking is more common among the poor and less educated.
- Studies of lower- income children show that tobacco smoking is much more prevalent in their natural ecology.
- Tobacco smoke increases a child's risk for asthma.

**What can you do?**

- Encourage your members to make a personal choice not to smoke.
- Provide your members with informational materials to assist with smoking cessation.
- Discourage your members to allow smoking around their children or in their home.
- If your members or your members' child/children have asthma, encourage them to follow the Asthma Action Plan developed directly with you.

Resources for information are available on the following websites:

- Department of Health Human Services at <http://minorityhealth.hhs.gov/templates/content.aspx?ID=6170>,
- American Lung Association at <http://www.lung.org/stop-smoking/about-smoking/facts-figures/african-americans-and-tobacco.html>
- National Poverty Center at http://www.npc.umich.edu/poverty/

### Reminder: Authentication of verbal orders

When requesting an authorization review for any type of service, please include the authentication of verbal orders by having the physician sign prior to calling, faxing, or processing online. If prior authorization request is received without verbal order authenticated, clarification will be needed prior to processing the review.

# BlueCard

## ADMINISTRATIVE

### Reminder: Electronic Provider Access improves prior authorization review process

The new Electronic Provider Access (EPA) tool will make it easier for providers to conduct prior authorization review for out-of-state members electronically. Currently, providers who want to conduct prior authorization review for out-of-state members generally have to call the member's Home Plan directly for authorization or use the 1-800-676-BLUE number.

Starting Jan. 1, 2014, EPA will be added to the current BlueCard/FEP application (currently used for out-of-state eligibility and claim status) in BlueAccess. This will allow providers to enter the alpha prefix from the member's ID card and be automatically routed to that plan's homepage to conduct prior authorizations. If no electronic option is available for that plan, providers will be given specific instructions on how to obtain an authorization.

For additional information on how to log on to the EPA, please visit the News section of the provider web page, http://www.bcbst.com/providers/news.

If you have any questions about this process, please contact ***eBusiness Technical Support***†.

# BlueAdvantage℠

## ADMINISTRATIVE

### Health assessments for Medicare Advantage members

BlueAdvantage has implemented two new programs to help improve the quality of care for its members:

1. Voluntary in-home, in-depth health risk assessments conducted by clinicians.
2. New provider assessment form (PAF) to assist you with the coordination and documentation of health care of your senior patients.

PCPs were recently mailed a letter with a list of their BlueAdvantage patients to help identify those eligible to receive the assessment. BlueAdvantage will provide additional compensation for the completion of this form. More information about both programs as well as the form are located online at <http://www.bcbst.com/providers/BlueAdvantage-PPO/>.

### High Risk Medication: Promethazine

BlueCross BlueShield of Tennessee is launching a new program for improved treatment outcomes and patient safety for our BlueAdvantage members. The Centers for Medicare & Medicaid Services (CMS) endorses several critical patient safety measures. One of these measures, High Risk Medication, includes several therapeutic categories associated with potential clinical concerns when used in the elderly. To make it easier for you to identify formulary alternatives to these high-risk drugs, BlueCross BlueShield of Tennessee has created a *High Risk Medication Alternatives Guide*. This guide can be found on our website, www.bcbst.com under the Provider Quality Initiatives section.

# BlueAdvantage℠

## ADMINISTRATIVE (Cont.)

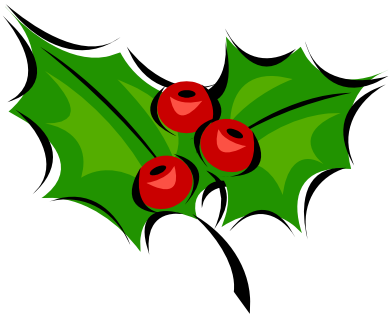
### High Risk Medication: Promethazine (Cont.)

The generic drug promethazine has a high incidence of chronic use in our members. Promethazine may increase seizure risk when used in patients with epilepsy. Chronic administration may worsen parkinsonism and increases risks of hypotension and extrapyramidal effects. In addition, promethazine may cause excessive sedation and induces anticholinergic effects in the elderly.

You may receive a letter from us with a list of patient(s) from your practice that filled a prescription for promethazine within the last 90 days. If appropriate, please consider whether there is a safer alternative for the patient(s). We recognize physicians are in the best position to determine the right treatment regimen for the patient. We are excited to work with you to ensure optimal outcomes for your patient, our members.

*****These changes will be included in the appropriate 4 Q 2013 or 1Q 2014 provider administration manual update. Until then, please use this communication to update your provider administration manual.

**BlueCross BlueShield of Tennessee offices will be closed December 24 and 25, 2013 for the Christmas holidays.**



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### †Provider Service lines

***Featuring "Touchtone" or "Voice Activated" Responses***

**Note**: If you have moved, acquired an additional location, or made other changes to your practice, choose the "touchtone" option or just say "**Network Contracts or Credentialing**" when prompted, to easily update your information.

**Commercial Lines** **1-800-924-7141**
**(includes CoverTN; CoverKids & AccessTN)**

***Operation Hours***
Monday–Thursday, 8 a.m. to 5:15 p.m. (ET)
Friday, 9 a.m. to 5:15 p.m. (ET)

***Medical Management Hours***
Monday–Thursday, 8 a.m. to 5:15 p.m. (ET)
Friday, 9 a.m. to 5:15 p.m. (ET)

**BlueCare** **1-800-468-9736**
**TennCare*Select*** **1-800-276-1978**
**CHOICES** **1-888-747-8955**
**SelectCommunity** **1-800-292-8196**
Monday – Friday, 8 a.m. to 6 p.m. (ET)

***BlueCare/TennCareSelect Medical Management Hours***
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**BlueCard**
Benefits & Eligibility **1-800-676-2583**
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