

August 2008

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

### CLINICAL

#### Medical policy update/changes

Full text of the following BCBST medical policy changes can be viewed online under "Upcoming Medical Policies" at <http://www.bcbst.com/providers/mpm.shtml>.

#### Effective Sept. 14, 2008

- High-Dose Chemotherapy with Autologous Stem-Cell Transplant for Primary Amyloid Light-chain (AL) Amyloidosis
- Hyperbaric Oxygen Pressurization/Therapy (HBO2)
- Tandem High-Dose Chemotherapy with Hematopoietic Stem Cell Support
- Genetic Testing for Tamoxifen Treatment
- Surgical Mesh System for Repair of Spinal Soft Tissue
- Adalimumab (Humira)
- Natalizumab (Tysabri)
- Sapropterin (Kuvan)
- Corticotropin Therapy
- Lanreotide Acetate (Somatuline Depot)
- Pegvisomant (Somavert)
- Rotavirus Vaccine (Rota Teq, Rotarix)

**Note:** These effective dates also apply to BlueCare®/TennCareSelect pending State approval.

#### Endometrial ablation for treatment of menorrhagia

This procedure was placed on retrospective review for commercial lines of business effective Jan. 12, 2008. This is not a prior authorization change, but a contract supported retrospective chart audit to assure compliance with appropriateness criteria found in BCBST's medical policy. Full text of this medical policy can be viewed at

[http://www.bcbst.com/mpmanual/Endometrial\\_Ablation.htm](http://www.bcbst.com/mpmanual/Endometrial_Ablation.htm).

The following codes apply:

- **58353** Endometrial ablation, thermal, without hysteroscopic guidance
- **58356** Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
- **58563** Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)

Federally mandated review for Medicaid (TennCare) patients to assure compliance with ASH (abortion, sterilization, and hysterectomy) payment rules remains unchanged.

#### Zyrtec® and MiraLax® now available without a prescription

The conversion of prescription drugs to over-the-counter (OTC) medications often generates questions and/or concerns about drug performance. The following is information that may be helpful to your patients about some recent changes. Two of the most recent prescription drugs to make the switch to OTC are the non-sedating antihistamine Zyrtec® (cetirizine hydrochloride) and the osmotic laxative MiraLax® (polyethylene glycol 3350). These drugs are the same quality, strength, dose, and dosage form as their prescription predecessor, and are just as safe and efficacious as they were before they became available without a prescription. While OTC medications are excluded from coverage for most BlueCross BlueShield of Tennessee members, now that these drugs no longer require a prescription, they are priced more competitively and may represent a cost savings to your patients.

#### Auralgan® formulation changes

The popular otic solution Auralgan® recently underwent a formulation change. Pharmacies can no longer substitute the traditional A/B otic solution when a prescription is written for Auralgan® since there are no Federal Drug Administration (FDA)-recognized generic equivalents to the new formulation. There is no proof that the reformulated product offers any benefits over the standard antipyrine/benzocaine product and has not been submitted to the FDA for approval. The new formulation costs \$150 per bottle compared to an average of \$2 for a bottle of generic A/B otic solution. To reduce calls to your office and save your patients money remember to write "antipyrine/benzocaine otic solution" or "A/B otic solution" on your prescriptions when this is the desired product. This will allow pharmacists to dispense the generic product and result in significant savings for your patients.

Source: The New Auralgan Formulation. *Pharmacist's Letter/Prescriber's Letter* 2008;24(5):240502.

#### New drug added to commercial specialty pharmacy listing

Effective July 1, 2008, the following drug has been added to our commercial specialty pharmacy listing. This drug does not require prior approval.

#### Provider-administered via medical benefit

- Cimzia®

#### Claims Tip

Facility claims filed with Type of Bill 89X are considered inpatient and require a Room & Board Revenue Code. Claims filed without a Room & Board code will reject back to the provider.

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

(Applies to all lines of business unless stated otherwise)

## ADMINISTRATIVE (cont'd)

### Changes to PPO and HDHP benefits plans\*

Beginning Sept. 1, 2008, several changes will be implemented to most BlueCross BlueShield of Tennessee PPO benefits plans. These changes will take place over the next year as group customers renew their benefit plans. Self-funded groups may choose to adopt these changes, or keep their plans as they are today.

#### Changes to PPO benefits plans:

- **Well Care Rider** – Limit to \$750 per calendar year
- **Flu Immunization** – Will be covered in medical benefit
- **Physical, Speech, Occupational and Manipulative Therapy** – Will have 20 visits per therapy type per calendar year
- **Office Surgery** – Subject to deductible/coinsurance (Applies to only deductible/coinsurance with office visit copay. Does not apply to straight deductible/coinsurance, copay preventive, or copay PPO)
- **ER Copay** –
  - \$250 ER Copay OR
  - Deductible/Coinsurance
- **Pharmacy**
  - Member pays the cost difference between the brand and generic equivalent when they or their doctor request the brand drug. (MAC A)
  - Step Therapy for Celebrex added (member must try and fail on traditional NSAID, otherwise prior authorization is required)
  - BluePerks discount card to replace “discount only” option in groups without drug coverage
  - Remaining large groups with maintenance list will be encouraged to discontinue
- **Specialty Drug Copay** – Equal to 2 times the highest RX Plan copayment, or \$100 in plans with drug percentage copayments
- **4th Quarter Deductible Carryover** – Optional

#### Changes to HDHP benefits plans:

- **TMJ**: non-surgical treatment – limited to \$1500 per calendar year

#### Changes to both the PPO and HDHP benefits plans:

- **Physical, Speech, Occupational and Manipulative Therapy** – Now 20 visits per therapy type per calendar year
- **Durable Medical Equipment** – \$2,500 calendar year maximum
- **Medical Supplies** – \$2,500 calendar year maximum
- **Prosthetics** – \$2,500 calendar year maximum
- **Genetic Testing** – \$2,500 calendar year maximum
- **High-Tech Imaging** – Prior authorization required for **all** providers. When using out-of-network providers or providers outside Tennessee, whether in- or out-of-network, member is responsible for ensuring provider receives prior authorization, or benefit penalties will apply.
- **Pharmacy** – Prescription drugs for which there is an Over-the-Counter equivalent in both dosage and strength, except for insulin are not covered.
- **Extraction of Impacted Teeth** – Not covered. However, if group has both medical and dental insured with BlueCross BlueShield of Tennessee under the same group number, medical will pay secondary benefits after dental.

#### New benefit exclusions:

- Complications of cosmetic procedures or complications of Bariatric surgery
- DME exclusions: Computerized or gyroscopic mobility systems, roll about chairs, geriatric chairs, hip chairs, seat lifts, auto-tilt chairs
- Patient lifts, air fluidized beds and air flotation beds, unless approved by Case Management
- Treatment for benign gynecomastia (breast enlargement in males)
- Treatment for hyperhidrosis (excessive sweating)
- Re-operation or surgery related to bariatric surgery, including but not limited to complications or Bariatric surgery or body remodeling following weight loss
- Cranial orthosis for treatment of plagiocephaly\*\*
- Maintenance care\*\*
- Methadone/buprenorphine maintenance therapy\*\*
- Orthognathic surgery\*\*
- Pharmacogenetic testing\*\*
- Artificial intervertebral disc
- Balloon sinuplasty for treatment of chronic sinusitis\*\*\*

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- Chelation therapy except for (1) control of ventricular arrhythmias or heart block associated with digitalis toxicity; (2) emergency treatment of hypercalcemia; (3) extreme conditions of metal toxicity, including thalassemia with hemosiderosis; (4) Wilson's disease (hepatolenticular degeneration); and (5) lead poisoning\*\*\*
- Percutaneous intradiscal electrothermal annuloplasty and percutaneous intradiscal radiofrequency thermocoagulation to treat chronic discogenic back pain. These procedures allow controlled delivery of heat to the intervertebral disc through an electrode or coil\*\*\*
- Vagus nerve stimulation for treatment of depression\*\*\*

Providers are encouraged to verify member eligibility and benefits by calling our toll-free Provider Service Line 1-800-924-7141 or logging on to BlueAccess, the secure section of our company Web site, [www.bcbst.com](http://www.bcbst.com).

\*\*New to HDHP only. Exclusions in PPO, but not in the original HDHP product.

\*\*\*These services are currently excluded as Investigational through Medical Policy. They are being added as coverage exclusions for clarification to the member.

## What is Medigap?

Some Medicare patients may also have other health care coverage to help supplement the costs of services that are not covered under Original Medicare.

You may see a number of BlueCross BlueShield of Tennessee member ID cards reflecting “**Medigap**” on the front of the card. A Medigap policy is simply a Medicare supplemental policy intended to fill gaps in Original Medicare Plan coverage. Claims for BCBST members having Medigap/Medicare Supplement coverage should be filed to Medicare for primary payment. Effective Jan. 1, 2008, all Blue Plans, including BlueCross BlueShield of Tennessee began crossing over Medicare claims for services covered under Medigap and Medicare Supplement products. This process results in automatic claims submission of Medicare claims to the Blue secondary payer reducing or eliminating the need for the provider's office to submit additional claims to the secondary carrier. See more about the Medicare crossover process by visiting the company Web site at <http://www.bcbst.com/providers/news/>.

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

(Applies to all lines of business unless stated otherwise)

### ADMINISTRATIVE (cont'd)

#### Reminder: Appropriate coding and billing information for oxygen contents and supplies

Oxygen contents is included in the reimbursement for rental of oxygen equipment and should only be billed separately when the patient owns his/her stationary system/concentrator or when the patient has a portable tank as their only oxygen equipment. Accessories/supplies, including but not limited to, transtracheal catheters, cannulas, tubing, mouthpieces, face tent, masks, oxygen conserving devices, oxygen tent, humidifiers, nebulizer for humidification, regulators, and stand/rack are included in the allowance for rented systems. For appropriate coding and billing, providers are encouraged to review the guidelines in the LCD L11446 *Oxygen and Oxygen Equipment* and the associated Article A33750. These guidelines can be found via the Jurisdiction C DME MAC link located on Cigna Government Services' Web site, <http://www.cignagovernmentservices.com/>

#### Cultural competency provider tool kit accessible online

Cultural competency is an important issue facing health care providers. Health care organizations need to have and utilize policies in this area and take steps to ensure their employees possess the necessary skills to anticipate, recognize and respond to various expectations (language, cultural and religious) of members and health care providers.

BCBST is pleased to offer the *Cultural Competency Provider Tool Kit*, which provides health care professionals additional resources to better manage members with diverse backgrounds. This provider tool is a collaborative effort by BCBST and the State of Tennessee Bureau of TennCare developed to help address cultural competency.

The tool kit contains links to a compilation of resources and educational materials for practitioners' office staff and can be found online via the Provider page on the company Web site, [www.bcbst.com](http://www.bcbst.com).

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#### Reminder: Appropriate coding and billing information for Transcutaneous Electrical Nerve Stimulator (TENS)

For appropriate coding and billing, providers are encouraged to review the guidelines in the LCD L5031 Transcutaneous Electrical Nerve Stimulator (TENS) and the associated Article A37064. These guidelines can be found via the Jurisdiction C DME MAC link located on Cigna Government Services' Web site, <http://www.cignagovernmentservices.com/>

Inappropriate use of code A4556, Electrodes, e.g., apnea monitor, per pair when billing supplies for member-owned TENS may result in return of the claim for corrected billing.

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#### Real-time claims adjudication application just keeps getting better!

The Real Time Claims Estimation/Adjudication application is a Web-based tool accessible to physician offices at no charge through BlueAccess, BlueCross and BlueShield of Tennessee's secure area on its Web site, [www.bcbst.com](http://www.bcbst.com).

This tool provides the capability to 1) determine and share with the patient true patient liability at or before the point of care, and 2) adjudicate the claim to completion before the patient leaves the physician's office. Most recent enhancements to the application include 1) Outpatient facilities are now able to generate estimates and submit claims, and 2) Transactions may be entered for additional lines of business.

Log on to [www.bcbst.com](http://www.bcbst.com) and try the Real Time application, today!

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#### Reminder: Billing appropriately for observation services

Observation services billed with Revenue Code 0762 do not require a HCPCS/CPT® code in form locator 44 on a CMS-1450 claim form unless the provider is billing for fetal stress and non-stress tests. Adding an evaluation and management code with the observation code may result in delayed or denied payment of the service.

## BlueCare/TennCareSelect ADMINISTRATIVE

#### Volunteer State Health Plan (VSHP) announces new transportation contract with Southeastrans, Inc.\*

Beginning Sept. 1, 2008, Southeastrans, Inc., will manage all non-emergency transportation services across the state of Tennessee for TennCare members enrolled in BlueCare and TennCareSelect. Southeastrans Inc., specializes in Medicaid non-emergency medical transportation ensuring Medicaid members receive quality transportation services in a prompt and safe manner.

#### Effective Sept. 1, 2008

BlueCare and TennCareSelect Members should contact Southeastrans, Inc. to request non-emergency transportation for medical services only. Non-emergency transportation to behavioral health services should be arranged through Tennessee Behavioral Health Inc. or via Premier Behavioral Health.

#### Effective Nov. 1, 2008

BlueCare Members located in the West Grand Region should contact Southeastrans, Inc. to arrange transportation for both medical and behavioral health services.

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**BlueCare/TennCareSelect**

**ADMINISTRATIVE (cont'd)**

**Volunteer State Health Plan (VSHP) announces new transportation contract with Southeastrans, Inc. (cont'd)\***

Effective Jan. 1, 2009, BlueCare Members located in the East Grand Region should contact Southeastrans, Inc. to arrange transportation for both medical and behavioral health services.

**Note:** For TennCareSelect Members, only non-emergency transportation to medical services should be arranged through Southeastrans, Inc. Transportation to behavioral health services for TennCareSelect Members should continue to be arranged through Tennessee Behavioral Health Inc. or Premier Behavioral Health.

Benefits for non-emergency transportation claims or services may be provided as long as they are scheduled through Southeastrans, Inc., prior to actual transport, and the services for which the member is being transported is a covered TennCare service. All non-emergency claims with a date of service on or after Sept. 1, 2008, should be billed directly to Southeastrans, Inc. All member-related non-emergency transportation complaints will be referred to VSHP for tracking and resolution.

Providers and members and/or their representatives may request non-emergency transportation services by contacting Southeastrans, Inc., at one of the following toll-free telephone numbers:

- BlueCare**
- East Grand Region 1-866-473-7563
  - West Grand Region 1-866-473-7564

- TennCareSelect**
- Statewide 1-866-473-7565

These toll-free numbers are available 7-days-a-week, 24-hours-a-day.

**Reminder: Important changes to TENNderCare billing guidelines**

Effective Jan. 1, 2008, claims for preventive services must be filed using the appropriate CPT® code with diagnosis codes V20-V20.2, V70.0-V70.0, V70.3-V70.9. Use of these codes is required in order for the

encounter to be considered a complete TENNderCare screening reimbursable at the enhanced rate. Previously, providers were not required to use a “V” diagnosis code in conjunction with preventive procedure codes.

When a TENNderCare screening reveals the need for further diagnostic and treatment services, one of the following referral codes should be used in Block 24D on the CMS-1500 professional paper claim form:

- UA – Medical follow-up needed
- UB – Behavioral follow-up needed
- UC – Dental follow-up needed

Although the above codes are for informational use only, we encourage you to use them as they assist in better coordination of the member’s care.

Preventive codes and guidelines for billing preventive services with evaluation & management codes are defined in the *BlueCare Provider Administration Manual* located on the company Web site, [www.bcbst.com](http://www.bcbst.com).

**BlueAdvantage (BlueCross BlueShield of Tennessee’s Medicare Advantage Product)**

**ADMINISTRATIVE**

**Coding for co-existing conditions**

Risk Adjustment is based upon the member’s total health status: reporting co-existing and chronic conditions is essential. In cases where co-existing conditions are present, remember to code all documented conditions that co-exist at the time of the visit and require or affect patient care, treatment, or management. Do not code conditions that were previously treated and no longer exist.

Exception: History codes V10 through V19 may be used as secondary codes if the historical condition or family history has an impact on current care, or possibly influences treatment.

Additionally, avoid coding diagnoses documented as “probable”, “suspected”, “questionable”, “rule out”, or “working diagnosis.” Examples:

**Co-existing Chronic Conditions**

- 250.42 Diabetes with renal manifestations-type II or unspecified: uncontrolled
- V58.67 Long-term use of insulin
- 401.9 Essential hypertension

**Historic V-code**

- V02.62 Hepatitis C, carrier
- 780.79 Malaise and fatigue

**BlueCard®**

**ADMINISTRATIVE**

**Reminder: Blue Network “S” added to BlueCard Program**

The BlueCard Program allows out-of-area members who travel or live in another state to receive in most instances participating benefits for health care services even when their membership is through another Blue Cross and/or Blue Shield Plan.

Effective Jan. 1, 2008, BlueCross BlueShield of Tennessee added Blue Network S to the BlueCard Program allowing members access to more provider choices for their health care services.

For more information on the BlueCard Program, please call 1-800-705-0391.

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**† Provider Service lines**

*Featuring “Touchtone” or “Voice Activated” Responses”*

**Commercial Lines; Cover Tennessee; CoverKids; Access TN 1-800-924-7141**  
(Monday– Friday, 8 a.m. to 5:15 p.m. ET)

**Note:** If you’ve moved, acquired an additional location, or made other changes to your practice, choose the “touchtone” option or just say “**Network Contracting**” when prompted, to easily update your information.

**BlueCare 1-800-468-9736**  
**TennCareSelect 1-800-276-1978**  
(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).

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\*These changes will be included in the appropriate 3Q 2008 provider administration manual update. Until then, please use this communication to update your provider administration manuals. BlueCross BlueShield of Tennessee, Inc., is an Independent Licensee of the BlueCross BlueShield Association. ®Registered marks of the BlueCross BlueShield Association of Independent BlueCross BlueShield Plans CPT® is a registered trademark of the American Medical Association