

December 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 Jan. 10, 2009

- Electrical Bone Growth Stimulation
- Keratoprosthesis

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

New FDA Web site offers health care professionals safety information

The U.S. Food and Drug Administration (FDA) has launched a new, improved marketed unapproved drug Web site with a section particularly for health care professionals. The site, found at www.fda.gov/cder/drug/unapproved_drugs/default.htm, explains the risks posed by unapproved drugs and gives helpful information on how to protect patients. The site includes:

- Video and audio programs, given by FDA physicians and regulators that can be accessed online or downloaded;
- Questions and answers, public health advisories, and other documents;
- Enforcement actions taken by FDA (by drug class and by firms); and
- Background information about marketed unapproved drugs.

New drugs added to commercial specialty pharmacy listing

Effective Oct. 1, 2008, the following drugs have been added to our commercial Specialty Pharmacy medication list. Those requiring prior approval are identified by a (PA).

Provider-administered via medical benefit

- Adagen
- Aralast NP
- Arcalyst
- Arranon
- Cystadane
- Cytovene IV
- epoprostenol (Flolan) (PA)
- Hylenex
- HyperRho S/D
- mitoxantrone (Novantrone)
- Prialt
- Privilgen
- Supprelin

Self-administered via pharmacy benefit

- Kuvan
- leuprolide (Lurpon SQ)

A complete listing of Specialty Pharmacy medications can be viewed online at <http://www.bcbst.com/pharmacy/Specialty/Program/SpecialtyPharmacyDrugList.pdf>.

ADMINISTRATIVE

Consumer-Directed Health Care (CDHC): Important facts to remember

As the New Year begins, providers will see more patients with a Consumer-Directed Health Care (CDHC) plan. As a reminder, we offer the following important facts:

The primary components under the CDHC plans are High Deductible Health Plans (HDHPs) and financial components. Providers participating in the member's assigned network may collect any applicable deductible, copayment and coinsurance amounts. We do encourage you to work with members on payment of services.

Under the HDHP, there are three financial account possibilities that can also provide reimbursement to the provider:

- Health Savings Account (HSA);
- Health Reimbursement Arrangement (HRA); or
- Flexible Spending Account (FSA).

Some employers provide funding to pay the member's deductible and coinsurance through HRA or HSA accounts. If a member pays at the time of service, you will be responsible for refunding any overpayment.

Our HDHP uses the standard BCBST PPO ID card. The ID cards reflect the member's participating provider network. With our new HRA Plan, the member's ID card will also indicate if he/she has an HRA Plan.

When checking member eligibility, you will be able to see whether the member has an HRA with his/her health plan. Remember, ID cards are for identification purposes only; they do not guarantee eligibility, or payment of your claim. *You should always verify eligibility.*

With Real-Time Adjudication, you can see if the member has an HRA and what payments will be made directly to you from that HRA.

With our automatic payment feature, any HRA funds are paid directly to you from BCBST. There may also be HRA payments paid after the claim is submitted. If you collect the full amount from the member at the point of service, you will be responsible for refunding those overpayments. It may be more appropriate to wait until you receive the benefit reimbursement before billing the member in order to avoid an overpayment.

For more information on CDHC, please visit our Web site, www.bcbst.com. There you can find brochures, tutorials and information on other BlueCross BlueShield of Tennessee health plans.

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ADMINISTRATIVE

TRICARE managed care program update

As previously reported (October 2007 *BlueAlert*), BlueCross BlueShield of Tennessee participated in the bidding process in response to the U. S. Department of Defense request for proposal to serve the health care needs of approximately 9.2 million active and retired members of the Uniformed Services.

While the official TRICARE contract for the South Region will not be effective until June 2009, and the delivery of health care for the next contract period will not begin until early 2010, we anticipate some notification of the Department of Defense's intent in the near future.

We view this opportunity as a privilege to be able to serve a most deserving population. Providers play an integral role in this endeavor and through your participation TRICARE beneficiaries will have access to one of the broadest and strongest provider networks in the nation.

When we hear more from the Department of Defense, we will be in close and timely communication. In the meantime, thank you for your commitment and your willingness to join in this critically important endeavor.

Reminder: Submitting medical records to BCBST

Occasionally, medical records are sent to BCBST without a clear indication of who requested the information or complete member identification. Because we are interested in serving you in the most efficient manner possible, providers are encouraged to submit medical records using the following guidelines:

1. Submit medical records via hardcopy along with a cover letter stating what is being requested.

2. Submit any request letters from us as the **first** page of your medical record.
3. If submitting multiple records for a single patient or multiple records for multiple patients, ensure the individual records are secured with a clip or other indicator if mailed in the same envelope.
4. Medical records must be legible with all appropriate information pertinent to the presenting case.
5. Include all member information in a clear, legible format. We must be able to identify the patient and the relationship to BCBST.
6. Attach claims **behind** the medical record. If attached to the front, the submission will be mistaken for a claim needing adjudication rather than a medical record needing review.

The above guidelines and appropriate mailing addresses can be found in the BCBST and the VSHP provider administration manuals located on the company Web site, www.bcbst.com.

BlueCare/TennCareSelect

CLINICAL

Hearing and vision screenings for members under 21 years of age

The AAP Recommendations for Preventive Pediatric Health Care currently include a preventive visit at 3 to 5 days of age and a new 30 month early childhood preventive visit. Routine hearing and vision screening should be included in every preventive visit for BlueCare and TennCareSelect members under age 21 in accordance with American Academy of Pediatrics periodicity guidelines.

A comprehensive periodicity schedule that includes, but is not limited to age/risk appropriate recommendations for Measurements (including BMI assessment), Sensory screenings, Procedures, and Developmental/Behavioral assessments is available for viewing, printing or ordering from the *Practice Toolkit* tab at AAP.org.

Vision and hearing screening guidelines are available for viewing on the following Web sites:

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Bureau of TennCare

<www.state.tn.us/tenncare/tenndercare/screeninguid.html>

TENNderCare Tool Kit

<www.bcbst.com/providers/preventive-services.shtml>

Reminder: Case management and disease management programs available

Case management services are available to members having complex chronic conditions, a major trauma or complicated care needs in which extensive interaction is necessary to connect with all the parties involved in the member's healing process. Members enrolled in a Case Management Program are assigned a BlueCross BlueShield of Tennessee Case Manager (registered nurse) to coordinate their complex needs.

Disease management services are available to members with diabetes, congestive heart failure, asthma, chronic obstructive pulmonary disease, pregnancy and coronary artery disease.

Members enrolled in a Disease Management Program are assigned a BlueCross BlueShield of Tennessee Clinical Health Coach (registered nurse) who supports and coaches members in adopting and maintaining healthy habits.

When these nurses recognize changes or lifestyle issues that may affect the member's health, they work with the member and provider to address the issues and coordinate appropriate treatment, services and medications.

Members may self refer to either program by calling the Customer Service number listed on their ID card and providers may refer patients to either program by calling one of the following numbers:

Case Management	1-800-225-8698
Disease Management	1-888-416-3025

BlueCare/TennCareSelect ADMINISTRATIVE

Reminder – Don't forget to submit your disclosure form

Federal Regulations require that Volunteer State Health Plan (VSHP), maintain disclosure of ownership and controlling interest information on all contracted providers receiving Medicaid payments.

If you have not completed the *Disclosure of Ownership and Control Interest Statement* form, please call Provider Service at 1-800-924-7141, Monday through Friday, 8 a.m. to 5 p.m. (ET) and choose the "Network Contracting" option. The form is also available at <http://www.bcbst.com/providers/Disclosure.pdf>.

VSHP is required to report any non-compliance to the Bureau of TennCare who will then report to the Centers for Medicare & Medicaid Services (CMS). Non-compliance with the disclosure information can result in payment delays and possible recoupment of previously paid Medicaid monies.

BlueCare member ID card gets new look*



BlueCare members are being issued new ID cards for use in obtaining covered BlueCare services.

The new ID cards reflect important member information to include:



- Name;
- ID number;
- Assigned PCP name;
- Effective date of coverage;
- Benefit level;
- Copay amounts;
- Prior Authorization requirements; and
- Contact numbers.

A sample copy of the new member ID card follows:

Front

 Member Name CHRIS B HALL Member ID ZECM12345678 Group No. 125000 RXBIN 011271 GRP TENNCARE PCN P016011271 VER 51 (PCP) Primary Care Provider SYED MAKHTER MD	 Medical/Behavioral Effective Date 01/01/2008 Member DOB 08/28/2005 Medicaid Benefit Level: A Copayments: PCP 0 SPEC 0 ER 0 IP 0
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Back

 VSHP is a licensed HMO affiliate of BlueCross BlueShield of Tennessee, Inc. and each to an independent licensee of the BlueCross BlueShield Association. Eligibility: File all claims with local SCDS Plan. Prior authorization is required for all medical and behavioral equipment admissions, designated medical outpatient surgery, Advanced radiological imaging and other designated medical outpatient services, and all behavioral outpatient services. Benefits will not be provided for unauthorized services or for non-emergency services provided by out-of-network providers.	 vsph.com Member Service: 1-800-468-9698 Provider Service: 1-800-468-9736 24/7 Nurseline: 1-800-262-2873 Network Provider Outside Tennessee: 1-800-676-2563 (BLUE) Prior Authorization: 1-866-423-0131 Pharmacist: 1-866-434-5520 Advanced Radiological Imaging Hub: 1-888-693-3211 Pharmacy Services: SDC Health Solutions Corp. 1-888-616-1680 Dental Center: 1-888-233-5935 *Not BlueCross BlueShield products Members: Always show this card and tell your provider to check for prior authorization. Remember, you get your care from your primary care provider (PCP). Taped on the front of this card, except in an emergency. Call your PCP within 24 hours of any emergency care. BlueCare Claims Service Center PO Box 182277 Chattanooga, TN 37422-7277 This card is for identification, not for proof of eligibility. 788 #BWP
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Remember, ID cards are not a guarantee of benefits. Providers should always check eligibility by:

- Calling the BlueCare/TennCareSelect Provider Service line†; or
- Accessing e-Health Services® via BlueAccess on the company Web site, www.bcbst.com.

Reminder: High tech imaging prior authorizations

As communicated to you earlier, effective Nov. 1, 2008, prior authorization is required for select high tech imaging services for BlueCare members in the **West Grand Region**.

Effective Jan. 1, 2009, prior authorization will be required for these services for BlueCare members in the **East Grand Region**.

When submitting prior authorization requests for BlueCare members for high tech imaging services via the MedSolutions Web site, www.medsolutions.com, please select the VSHP health plan section and provide the member ID **without** the "ZEC" prefix. By doing this, you will help ensure your authorization request is processed without delay.

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Reminder: Use of dedicated fax number helps expedite standard appeals

BlueCare/TennCareSelect has a dedicated toll-free fax number, 1-888-357-1916 solely for use in faxing standard appeals for denied services. This enhanced process helps expedite standard appeals and ensures the most current information is available to providers when checking the status of an appeal.

When faxing a standard appeal, the following documentation must be provided:

- The principle reason for upholding the non-certification determination;
- Detailed clinical rationale; and
- Pertinent medical records for the specific case being appealed.

BlueCard® ADMINISTRATIVE

Reminder: BCBST discontinues Blue Network C

Effective Jan. 1, 2009, BlueCross BlueShield of Tennessee will discontinue marketing benefit packages through Blue Network C (BlueClassicSM). As a result of this action, BlueCard Traditional and BlueCard PPO members will begin utilizing Blue Network P as their BlueCard provider network. The discontinuation of Blue Network C will not affect any other network agreements under which a provider may be contracted.

We appreciate your participation in BlueCross BlueShield of Tennessee provider networks and your continued support in providing its members with the best of care. If you have any questions, please contact your provider network manager.

BlueCard®

ADMINISTRATIVE (cont'd)

BlueAccess enhances BlueCard and FEP provider online experience

Effective Dec. 31, 2008, providers will see new and enhanced features when accessing BlueAccess for BlueCard and FEP claims status and eligibility information.

Some key enhancements are:

- More benefit information when checking eligibility;
- More detailed out-of-pocket information;
- More user-friendly claims status process (reducing number of "Claim Not Found" experiences); and
- Easier process for checking multiple claims or multiple benefit types.

Key new features are:

- Capability to check status of submitted inquiries; and
- Ability to correct information for claim resubmission.

We are confident these enhancements will allow for an easier online claims status and eligibility inquiry experience. For more information or suggestions, please call eBusiness Service Center at 423-535-5717.



†Provider Service lines

Featuring "Touchtone" or "Voice Activated" Responses"

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

Note: If you have 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).



~Claims filing tip~

Screening Colonoscopy

If, during the course of the screening colonoscopy, a lesion or growth is detected which results in a biopsy or removal of the growth, the appropriate diagnostic procedure classified as "a colonoscopy with biopsy or removal" should be reported rather than "screening colonoscopy procedure".

Note: *This guideline applies for all BCBST lines of business.*

Season's Greetings

**BlueCross BlueShield of Tennessee offices will be closed
Dec. 24 & 25, 2008
and
Jan. 1, 2009
in observance of the
Holiday Season**

