

May 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 June 14, 2008

- Esophageal pH Monitoring
- Genetic Testing for Congenital Cardiac Channelopathies
- Histrelin Acetate Implant (Supprelin LA)
- Nilotinib (Tasigna®)
- Sorafenib (Nexavar®)
- Ixemptra (Ixabepilone)
- HepaGam B
- Intravenous Immune Globulin

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

Electronic safety alerts initiative launched

A new electronic service is being launched by iHealth Alliance and managed by Medem, a health IT firm founded by the American Medical Association (AMA) to furnish Federal Drug Administration (FDA) patient safety alerts to clinicians.

This new service will provide a more systematic and faster way for clinicians to receive important FDA notifications. We believe a more rapid delivery of FDA-mandated product recalls and warnings targeted to clinicians is an important way to improve patient safety.

This service is offered free of charge and will only be used for patient safety notices. To register and/or learn more about this important initiative, visit the Health Care Notification Network Web site, <http://henn.net/>. Providers may opt out of the service at any time.

New drugs added to commercial specialty pharmacy listing

Effective April 1, 2008, the following drugs have been added to our specialty pharmacy listing. These drugs do not require prior approval.

Self-administered via medical benefit

- Tasigna (step therapy)

Provider-administered via medical benefit

- Ixemptra

MedSolutions head imaging requests

Tips from the desk of Dr. Diana Reed, Neurologist

One of the most frequent requests for prior authorization is for brain imaging due to headaches. Many requests require additional information. It is important to document:

- Duration and frequency
- Characteristic of onset: sudden and severe or gradual
- Headaches that awaken from sleep
- Onset (not exacerbation) with exertion
- Focal findings on neurological examination including papilledema, hyperreflexia, or other cranial nerve deficits.
- Failure of a 3-4 week trial of migraine specific treatment, including a preventive treatment if the headaches occur more than 2 times per week

MSI Head Imaging Guidelines support the following:

Worsening headaches despite treatment with a normal neuro exam: MRI brain without contrast. If there are focal neuro findings or symptoms: MRI brain with and without contrast. Head CT when there is concern for an acute bleed, stroke, or head trauma.

Migraines are commonly associated with nausea, vomiting, photophobia, phonophobia, non-specific blurred vision or dizziness, and often do not improve with over-the-counter analgesics. These symptoms are not

indications for advanced imaging. Also, keep in mind that most brain tumors and aneurysms do not present with recurrent headaches, but with focal neurological signs or seizures.

ADMINISTRATIVE

Appropriate use of revenue code 0001*

When filing a CMS-1450 (UB-04) facility claim form, providers should not enter a line item total for Revenue Code 0001. This information was previously required on the old UB-92 facility claim form, which has been discontinued. The new UB-04 claim form has a specific line for entering Revenue Code 0001 total charges (FL 23). To help prevent future delays in claims payment, we encourage providers to reference the UB-04 Data Specifications Manual for detailed instructions on the appropriate use of Revenue Code 0001.

Changes to facility audit notification letter process

Effective June 1, 2008, all provider audit adjustment notifications will ONLY be mailed to the provider's remittance address stored in BCBST's claims processing system.

This change is a result of system changes and a move to a more "green planet" process. Providers will need to notify their staff to forward any audit communications as required.

Correction: Requesting benefits for nuclear stress testing

In the March issue of BlueAlert, we advised providers to have the procedure code available and/or indicate if the service is considered routine or non-routine when requesting benefits for nuclear stress tests. The article should only have directed providers to have the specific procedure code available for us to quote accurate benefits information.

We apologize for any inconvenience this matter may have caused.

BlueCard®

ADMINISTRATIVE

Clarification: Get faster, easier information electronically for Blue members

In the April issue of *BlueAlert*, we advised providers to call the BCBST Provider Service line[†] for more information on electronic services available for Blue members. Although providers can access this information via this line, we omitted to inform them they can also call the eBusiness Solutions Marketing department directly at 423-535-3057, Monday through Friday, 8 a.m. to 4:30 p.m. (ET) or e-mail their inquiries to ecomm_marketing@bcbst.com.

BlueCare/TennCareSelect

ADMINISTRATIVE

Correction: National provider identifier (NPI) reporting requirement

Effective April 22, 2008, BlueCare and TennCareSelect claims will not reject if filed with a provider name and no other provider identifier in the *Secondary Provider* fields. However, if any secondary provider identifier is filed on the claim, including but not limited to UPIN, license, legacy, tax ID, etc., then a valid NPI must be present for the claim to be adjudicated.

Any claims previously rejected due to only the provider name appearing in the secondary provider fields will be reprocessed and applicable member benefits applied. Processing of these claims should be completed by the end of April.

If you have any questions, please call the appropriate BlueCare or TennCareSelect Provider Service line[†].

CoverTN

ADMINISTRATIVE

You can assist your patients in getting the coverage they need

Providers can help enroll their patients in CoverKids, the State of Tennessee's comprehensive health insurance coverage for uninsured children and qualified pregnant women.

If you are aware of patients who have been released from TennCare, chances are they will be eligible for CoverKids. Application packets can be mailed to your office and/or a Policy Studies Inc. (PSI) Outreach Coordinator can visit your office to provide education on how the forms should be completed. The CoverKids application can also be found online at http://www.covertn.gov/web/coverkids_app.html.

If you have any questions about CoverKids eligibility, please call Policy Studies, Inc. at 1-866-620-8864 or contact the PSI Outreach Coordinator in your area:

West Tennessee
Shelton Knox - 901-679-5222
sknox@policy-studies.com

East Tennessee
Rae Clarke - 423-364-6388
rclarke@policy-studies.com

Middle Tennessee
Molly O'Neil - 615-794-3870
moneal@policy-studies.com

BlueAdvantage (BlueCross BlueShield of Tennessee's Medicare Advantage Product)

ADMINISTRATIVE

Risk Adjustment: Complete ICD-9 coding and documentation*

The Centers for Medicare & Medicaid Services (CMS) reimburses Medicare Advantage plans based on the health status of their enrollees as determined through ICD-9-CM diagnosis coding. This process is called Risk Adjustment.

The primary source of data used by CMS to determine patient severity is claims and encounters from physicians and hospitals. If appropriate and complete diagnoses are not documented or submitted via claim, the risk score will reflect a healthier population than exists. Physicians and providers are asked to focus on complete diagnosis codes being reported to the highest level of specificity according to ICD-9-CM coding guidelines. All diagnosis codes reported should be supported by medical record documentation.

Provider's role in this process:

- Annually, restate chronic conditions being assessed or treated. Conditions such as quadriplegia, ostomies, ventilator dependency, and amputation status are often inconsistently documented.
- Document accurate and complete diagnosis. Documenting signs, symptoms or findings related to the disease is incomplete. Examples: "FBS 300" and "lipids" would accurately be coded as abnormal lab results rather than uncontrolled diabetes or hyperlipidemia, respectively.
- Code to the highest level of specificity possible. Comprehensive documentation should support the patient's complete medical picture. For example, "Bronchitis" is an example of non-specific documentation - coding would be limited to 490 or "bronchitis not specified as acute or chronic." Documenting "chronic obstructive bronchitis" or "chronic bronchitis" allows for more accurate coding and for risk score adjustment- further specificity could include 491.21 or "chronic obstructive bronchitis with acute exacerbation."



†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).



*These changes will be included in the appropriate 2Q 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