



September 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 Oct. 12, 2008

- Adoptive Immunotherapy
- Drug-Eluting Lung Stents for Emphysema
- Genetic Testing for Helicobacter Pylori Treatment
- Vulvectomy

Effective July 21, 2008

- Endometrial Ablation for Treatment of Menorrhagia
Note: A hyperlink to an evaluation tool/documentation form to facilitate post service claims, and documentation/predetermination requests are attached to this policy for provider use. Effective Aug. 29, 2008, CareAuthQI, a BlueCross BlueShield of Tennessee online authorization application located on our company Web site, www.bcbst.com, may also be used to submit information electronically.

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

Clinical Practice Guidelines Adopted

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

ST-Elevation Myocardial Infarction: 2007 Focused Update of the ACC/AHA 2004 Guidelines for the Management of

Patients with ST-Elevation Myocardial Infarction

<<http://circ.ahajournals.org/cgi/content/full/117/2/296>>

ACC/AHA 2004 Guidelines for the Management of Patients with ST-Elevation Myocardial Infarction

<<http://www.acc.org/qualityandscience/clinical/guidelines/stemi/Guideline1/index.htm>>

Standards of Medical Care in Diabetes – 2008

<http://care.diabetesjournals.org/cgi/content/extract/31/Supplement_1/S12>

The 7th Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure

<<http://www.nhlbi.nih.gov/guidelines/hypertension/jnc7full.pdf>>

High Cholesterol: Implications of Recent Clinical Trials for the National Cholesterol Education Program Adult Treatment Panel III Guidelines

<<http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3upd04.pdf>>

Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (ATP III Final Report)

<<http://www.nhlbi.nih.gov/guidelines/cholesterol/profmats.htm>>

Perinatal Care: ACOG: Guidelines for Perinatal Care, Sixth Edition

<http://www.acog.org/bookstore/Guidelines_for_Perinatal_Care,_Fifth_Edition_P262.cfm>

ICSI: Health Care Guideline: Routine Prenatal Care

<http://www.icsi.org/prenatal_care_4/prenatal_care_routine_full_version_2.html>

Asthma: Guidelines for the Diagnosis and Management of Asthma (EPR-3)

<<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>>

The following reflect adopted clinical practice guidelines for behavioral health:

Clinical Practice Guideline for Assessing & Managing the Suicidal Patient and Tip Sheet

<http://www.magellanprovider.com/MHS/MGL/providing_care/clinical_guidelines/>

<https://www.magellanprovider.com/MHS/MGL/providing_care/clinical_guidelines/clin_prac_guidelines/prov_suic_tipsheet.pdf>

American Psychiatric Association's (APA) Guideline for treatment of patients with Panic Disorder

<<http://www.psychiatryonline.com/pracGuide/pracGuideHome.aspx>>

APA Guidelines for treatment of patients with Bipolar Disorder - 2nd edition

<<http://www.psychiatryonline.com/pracGuide/pracGuideHome.aspx>>

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

ADMINISTRATIVE

Changes to PPO and HDHP benefits plans updated

In the August issue of *BlueAlert*, we advised providers of several changes being implemented Sept. 1, 2008, to most fully insured BlueCross BlueShield of Tennessee PPO benefits plans.

For changes to both the PPO and HDHP benefits plans we communicated Prosthetics would have a \$2,500 calendar year maximum. The actual limit for Prosthetics is \$20,000 per calendar year.

BlueCross BlueShield of Tennessee, Inc. (BCBST)

(Applies to all lines of business unless stated otherwise)

ADMINISTRATIVE (cont'd)

Reminder: Access and availability for urgent care

In accordance with applicable regulatory and accrediting bodies, BlueCross BlueShield of Tennessee maintains and monitors access and availability standards for its members. Providers are reminded that urgent care appointments must be scheduled within 48 hours for both new and existing BlueCross BlueShield of Tennessee patients.

A copy of the BlueCross BlueShield of Tennessee *Member Access and Availability Standards* for routine and urgent care can be found in both the BlueCross BlueShield of Tennessee and BlueCare provider administration manuals, which are available on *BlueSource*, our quarterly provider information CD, online at www.bcbst.com and also on Volunteer State Health Plan, Inc.'s Web site, www.vshptn.com.

Non-compliance with these standards shall be addressed through our Medical Management Corrective Action Plan, which is also published on our Web site.

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 BlueCare provider administration manuals, which are available on *BlueSource*, BCBST's quarterly provider

information CD, online at www.bcbst.com and also on Volunteer State Health Plan, Inc.'s Web site, www.vshptn.com.

Clarification: Subrogation recovery

The BlueCross BlueShield of Tennessee Subrogation Department utilizes Explanation Codes AD3 and XSA for identifying subrogation adjustments on the provider's Explanation of Payment (EOP). These adjustments should not be confused with coordination of benefits. BCBST does not coordinate benefits with a payment from a third party payor such as an automobile insurance carrier. Subrogation adjustments in no way increase the patient's liability from the original claim and will be reflected in the *Contract Write-off* column of the EOP.

New online Web authorization presentation available on BlueSource third quarter CD

BlueCross BlueShield of Tennessee providers having Internet capability can submit authorizations for inpatient confinement, 23-hour observation, outpatient procedures, specialty pharmacy, global obstetrics and clinical updates via *BlueAccess*, the secure area on our Web site, www.bcbst.com.

In an effort to help educate providers in the online authorization submission processes, we have developed two Web authorization presentations, 1) *Authorization Submission* and, 2) *Specialty Pharmacy Submission*. Access to these educational tools are being made available on the Provider page on the company Web site, www.bcbst.com and also on *BlueSource*, BlueCross BlueShield of Tennessee's provider information CD mailed quarterly to all BCBST contracted providers.

Watch for these helpful presentations on the third quarter edition of *BlueSource* scheduled for release Sept. 30, 2008.

Note: *These authorization processes are applicable for all BlueCross BlueShield of Tennessee lines of business, except BlueCard®.*

BlueSource CD is a single source tool for accessing important medical and administrative information

BlueSource, BlueCross BlueShield of Tennessee's provider information CD is mailed quarterly to all BCBST contracted providers. This CD is a single source tool developed for provider use in accessing important billing and reimbursement information, reviewing upcoming medical policies, locating other network providers, verifying covered medications, and much, much more.

Internet access is not required to view documents on the CD. Simply place the CD into your computer's CD-ROM drive and all this important information is at your fingertips. For those providers having Internet capability, we included a convenient link to the company Web site, www.bcbst.com.

In recent months, we have had a number of providers request to be removed from the *BlueSource* mailing list. Even though we are sure this is due to the fact that you are accessing the information via our Web site, we are unable to honor this request. Both the BlueCare and the BlueCross BlueShield of Tennessee provider administration manuals along with quarterly updates are included on the *BlueSource* CD. As these administrative manuals are considered extensions of the provider Agreements between BlueCross BlueShield of Tennessee and its Providers, BCBST is obligated to supply each contracted provider with this information.

We encourage all our providers to accept and utilize the CD to assist you in your health care administrative needs.

BlueCare/TennCareSelect ADMINISTRATIVE

Important changes to home health and private duty nursing services*

Effective Sept. 8, 2008[‡], TennCare will implement changes to the home health and private duty nursing benefits. Specifically, these changes in benefits will only affect adult TennCare members age 21 years and over; Children under the age of 21 years will not be affected. These changes will include coverage for private duty nursing benefits **only** when they are ventilator dependent for at least 12 hours-a-day **OR** have a functioning tracheostomy requiring suctioning and need other specified types of nursing care, which include the following:

- Oxygen (nebulizer or cough assist);
- medication via G-tube, PICC line or central port;
- TPN; or
- nutrition via G-tube

For specifics of the home health changes, please visit <http://www.bcbst.com/providers/news/> where a complete listing of all changes can be found.

A notice of the benefit change was mailed to all adult enrollees on Aug. 8, 2008. Beginning Sept. 8, 2008, we will be mailing an additional letter to any patient who is currently receiving amounts of care in excess of the new limits providing 10-day advance notice before TennCare stops payment on services exceeding the limits.

It is critical that you work with your patients currently receiving amounts of care in excess of the limits to determine the best course of action.

[‡]Changes will be effective for all **new** orders Sept. 8, 2008, and as early as Sept. 18, 2008, for **existing** orders.

TennCare contracts with new pharmacy benefits manager*

The Bureau of TennCare announced it has contracted with SXC[®] Health Solutions, Inc., to begin serving as its new Pharmacy Benefits Manager (PBM).

Effective Oct. 1, 2008, SXC[®] Health Solutions, Inc., will begin processing all pharmacy claims and respond to prior authorization requests. The full press release is available on the Bureau of TennCare's Web site at www.tennessee.gov/tenncare/news-250408.html.

Reminder: Admitting diagnosis code edit

Volunteer State Health Plan reviews all potential payable codes. Sometimes the Symptom Code (780.0 – 799.0) indicates the need for emergency evaluation while the Discharge Code does not indicate emergent care necessity.

Providers are encouraged to include the Symptom Code in Form Locator 69 (*Admitting Diagnosis*) on the CMS-1450 paper claim or in Segment H102-2 of Loop 2300 (*Admitting Diagnosis or Patient Reason for Visit*) when filing claims electronically.

Providers may view the BlueCare and TennCareSelect Medical Emergency Code listing on the company Web site, www.bcbst.com.

Reminder: New provider appeal toll-free fax number now available for BlueCare and TennCareSelect

We recently added a new toll-free fax number, **1-888-357-1916**, solely for use in faxing a standard appeal for denied services. Provider use of this dedicated fax number helps ensure all faxed standard appeals are imaged into our system in a timely manner. This enhanced process will help expedite standard appeals and ensure the most current information is available to you when checking the status of your 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 you are appealing.

Note: This fax number applies **ONLY** to BlueCare and TennCareSelect lines of business.

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

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

ADMINISTRATIVE

Reminder: Risk adjustment: coding to the highest specificity-fourth and fifth digits

The Centers for Medicare & Medicaid Services (CMS) utilizes the Hierarchical Condition Category payment model for Medicare Advantage plans. For risk adjustment purposes, CMS refers to disease groups as HCCs. Disease groups contain major diseases and are broadly organized into body systems. The HCC assigned to a disease is determined by the ICD-9-CM diagnosis codes submitted during a data collection period. Only selected diagnosis codes are included in the CMS-HCC model.

ICD-9-CM codes have three, four, or five digits. Diagnoses should be reported to the highest level of code available for that category. In selected cases, the fifth digit may impact whether the code is in the HCC models, but at a different HCC level.

Example 1:

Diabetes (250.XX) codes group into HCC 15, 16, 17, 18, or 19 depending on the fourth digit applied. The fourth digit designates manifestations or complications of diabetes such as neurological conditions, eye disorders, or diabetic ulcers. At a minimum, the submitted ICD-9-CM codes must be sufficiently specific to allow appropriate grouping of the diagnoses in the risk adjustment model.

Example 2:

Myocardial infarction (MI) (heart attack, 410.XX) is unspecified or subsequent

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

ADMINISTRATIVE (cont'd)

Reminder: Risk adjustment coding to the highest specificity-fourth and fifth digits (cont'd)

episode fifth digits 0 and 2 are in HCC 82. All initial care for a new MI (from physician office to emergency room to hospital) should have the fifth digit of "1" and group to HCC 81.

Documentation and Coding Resources

- Official Coding Guidelines on CDC Web site, www.cdc.gov/nchs/icd9.htm
- American Health Information Management Association (AHIMA), www.ahima.org
- American Academy of Professional Coders (AAPC), www.aapc.com
- American Hospital Association (AHA), www.aha.org

BlueCard®

ADMINISTRATIVE

Reminder: Call BlueCard Eligibility® for easy access to membership and coverage information

Not sure how to verify eligibility and benefits for out of area Blue members? First, look for the three-character alpha prefix that precedes the identification number on the member's ID card. Once you have located the alpha prefix, call BlueCard Eligibility at 1-800-676-BLUE. Provide the member's alpha prefix and you will be routed to the member's Blue Plan where eligibility and coverage can be verified

Remember to submit claims for out of area Blue members to BlueCross BlueShield of Tennessee.

For more information on BlueCard eligibility, call 1-800-705-0391.

Cover Tennessee

ADMINISTRATIVE

Reminder: Diagnostic imaging services performed in an office setting

Diagnostic imaging services performed in an office setting are considered an exclusion to the CoverTN benefits. Claims for diagnostic imaging services will only be reimbursed when performed in an outpatient diagnostic imaging center. These services include but may not be limited to, CAT scan, MRI, and nuclear imaging.



†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 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).



BlueCross BlueShield of Tennessee
offices will be closed
Monday, September 1, 2008
in observance of Labor Day

*These changes will be included in the appropriate 4Q 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