

January 2009

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 Feb. 8, 2009

- Browplasty
- Measurement of Lipoprotein-Associated Phospholipase A2 (Lp-PLA2) in the Assessment of Cardiovascular Risk
- Reverse Shoulder Arthroplasty

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

Modified Milliman Care Guidelines updates/changes

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

Effective February 20, 2009

The following as relates to Ambulatory Care:

- Colonoscopy
- Mandibular Osteotomy and Genioglossal Advancement with Hyoid Myotomy and Suspension (GAHM)

The following as relates to Inpatient and Surgical Care:

- Hysterectomy, Abdominal - Laparoscopic Procedures, Supracervical

Note: 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:

ACC/AHA 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult
<<http://www.acc.org/qualityandscience/clinical/guidelines/failure/update/index.pdf>>

Guide to Clinical Preventive Services
<http://www.ahrq.gov/clinic/cps3dix.htm>

Practice parameter: Evidence-based Guidelines for Migraine Headache (an evidence-based review): Report of the Quality Standards Subcommittee of the AAN
<<http://www.neurology.org/cgi/reprint/55/6/754.pdf>>

Global Initiative for COPD. Global Strategy for the Diagnosis, Management, and Prevention of COPD
<<http://www.goldcopd.org/index.asp?i1=1&i2=0>>

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.

Changes to commercial preferred drug listing

The Pharmacy and Therapeutics Committee attempts to minimize annual changes to the BlueCross BlueShield of Tennessee Commercial Preferred Drug List (PDL), but changes are necessary due to availability of generics, pricing changes and changes to market availability.

Changes for 2009 follow:

Drugs moving from Tier 3 to Tier 2:

- Androderm
- Avapro/Avalide
- Azor (moved 10/1)
- Micardis/Micardis HCT
- Opana ER
- QVAR
- Simcor

Drugs moving from Tier 2 to Tier 3:

- Accolate
- Cozaar
- Hyzaar

New generic equivalent drugs available

Generic drugs are safe, effective and affordable. The generic equivalent is now available for the following drugs, moving them from Tier 2 to Tier 3 on the BlueCross BlueShield of Tennessee commercial Preferred Drug List (PDL):

- Depakote (divalproex)
- Estrastep Fe (Tillia FE and Tri-Legest FE)
- Fosamax (alendronate)
- Fosamax D (alendronate plus OTC Vitamin D)
- Imitrex (sumatriptan tabs, injectable, nasal spray)
- Mircette (Kariva)
- Tri-Norinyl (Aranella, Leena)
- Yasmin (Ocella)

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CLINICAL (cont'd)

Reminder: Case management and disease management programs available

Case management services are available to members with complex chronic conditions, a major trauma or complicated care including, but not limited to, transplantation and high-risk maternity care in which extensive interaction is necessary to connect with our members, their health care providers and all other 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.

Healthy Focus is our Disease Management Program, which now includes a fully integrated 24/7 nurse-line demand management service. Healthy Focus is designed to support the provider - patient relationship and to help you provide high quality, evidence-based care to our members with certain chronic conditions. Through Healthy Focus, services are available to members with conditions such as, but not limited to diabetes, congestive heart failure, asthma, chronic obstructive pulmonary disease, and coronary artery disease.

In our primary coach model, participants work with the same Health Coach over time.

Health Coaches are specially trained health professionals such as nurses, respiratory therapists, and dietitians, who support and coach members in adopting and maintaining appropriate self-care habits. When the Health Coach recognizes status or compliance changes that may affect the member's health, that Health Coach will work with the member to address the issues. Via this process, members are provided with information and guidance and may be encouraged to discuss their health care needs with their physician. The Health Coach is available to the members by phone anytime, 365 days a year, at no cost.

Through Healthy Focus, providers will receive a monthly report identifying their patients who have spoken with a Health Coach for the first time.

Members may self refer to either of these programs by calling the Customer Service number listed on their ID card. Providers also may refer patients to either program by calling one of the following numbers:

Case Management	1-800-225-8698
Healthy Focus	1-888-818-8581

ADMINISTRATIVE

Reminder: Flu season is here!

Flu season can begin as early as October and last as late as May. However, in Tennessee, flu activity is typically worse in February and March.

Providers are reminded not all BlueCross BlueShield of Tennessee health care benefits plans cover influenza immunizations. Benefits can be verified by calling the appropriate Provider Service line[†]. The following influenza immunization guidelines apply:

Commercial

- **Vaccine and administration**
Covered if member's health care plan has a Well care rider
- **FluMist[®] nasal spray** (recommended for healthy individuals ages 2-49)
Entire cost may not be covered and member may be responsible for any charges that exceed the standard reimbursement amount

If your commercial patients elect to have the *FluMist[®]* nasal spray, a *FluMist[®]* acknowledgement form is available online for provider use at

<http://www.bcbst.com/providers/forms/FluMist.pdf>.

Note: If you utilize the waiver form, you are still required to file a claim with BlueCross BlueShield of Tennessee for the services.

BlueCare or TennCareSelect

- **Vaccine and administration**
 - Covered

Note: Providers who normally receive influenza vaccine through the Vaccine

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for Children (VFC) program may use their purchased supply and submit claims using a Modifier 32 to receive fee for service reimbursement **only** when the VFC supply is depleted or delayed.

- **FluMist[®] nasal spray** (recommended for healthy individuals ages 2-49)
 - Covered

Note: *FluMist[®]* is available under the Vaccines for Children (VFC) Program for children ages 5 through 18 years.

Changes to durable medical equipment (DME) repair billing guidelines*

Effective Jan. 1, 2009, providers should bill labor charges for DME repairs to member-owned equipment using the most appropriate 5-digit HCPCS code, e.g., E1340 **without** a modifier. Previously, Modifier "RP" was required when filing these charges.

The Centers for Medicare & Medicaid Services (CMS) deleted this modifier requirement Dec. 31, 2008.

Real Time Claim Estimation/Adjudication now available for BlueCare and TennCareSelect

Have you used BlueCross BlueShield of Tennessee's Real-Time Claims Adjudication application? This Web-based tool enables claim submission and claim estimation to gain true patient liability at or before the point-of-care for Commercial and BlueCare/TennCareSelect. The tool also provides the capability to adjudicate the claim to completion before the patient leaves the provider's office.

Access to this free Web-based tool is available through *BlueAccess*, BCBST's secure area of our Web site, www.bcbst.com.

BlueCross BlueShield of Tennessee, Inc. (BCBST)

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ADMINISTRATIVE

Health Research Insights, Inc. contracting with several large BCBST employer groups

Several of our large self-funded employer groups have retained the claim review services of Health Research Insights, Inc. (HRI). It is the understanding of BlueCross BlueShield of Tennessee that HRI will be reviewing historical data incurred by the employees of these groups in an effort to analyze their medical claims payments. It is possible that your office or organization may be contacted by them concerning these historical payments.

It is very important for us to stress the fact that BlueCross BlueShield of Tennessee is in no way affiliated with HRI or their claim reviews and have no position in the contract between the employer group and HRI. It must also be understood that as a self-funded employer group, they own the sole rights to the information contained within the claims data.

BlueCross BlueShield of Tennessee assumes no responsibility, nor have we assisted HRI in any way with these reviews and therefore will not be able to provide any information regarding these reviews if inquiries are received. Our representatives have been instructed to inform callers they must contact HRI directly with any questions. A document has been placed on our company Web site, www.bcbst.com to help providers understand this situation.

Duplicate payments made on lab charges

Recently we identified a number of claims submitted to BlueCross BlueShield of Tennessee in which the physician and an independent lab billed for the same lab work performed on the same patient.

Because payment was made to both providers for the same procedure, we will be

initiating overpayment recovery efforts where applicable. Those providers affected by the overpayments will receive a refund request.

Changes to billing guidelines for moderate conscious sedation*

Effective for date of service April 1, 2009, and after, BlueCross BlueShield of Tennessee will reimburse moderate conscious sedation when appropriate for all lines of business in accordance to the Centers for Medicare & Medicaid Services (CMS) and CPT® Guidelines in Appendix G. Appendix G, Summary of CPT® Codes That Include Moderate (Conscious) Sedation, lists those procedures for which moderate (conscious) sedation is an inherent part of the procedure itself.

CPT® Codes 99143-99145

- Physician can bill the conscious sedation codes as long as the procedure billed with it is not listed in Appendix G of CPT® Guidelines;
- Physician should not bill CPT® codes 99143 to 99145 in conjunction with codes listed in Appendix G;
- BlueCross BlueShield of Tennessee has adopted the National Correct Coding edits that bundle CPT® codes 99143 and 99144 into the procedures listed in Appendix G.

CPT® Codes 99148 to 99150

- In the unusual event when a second physician other than the health care professional performing the diagnostic or therapeutic services provides moderate conscious sedation in the facility setting for the procedures listed in Appendix G or other procedures, the second physician can bill.
- Facility settings considered are inpatient hospital - place of service 21, outpatient hospital - place of service 22, emergency room-hospital - place of service 23, ambulatory surgery center - place of service 24, or skilled nursing facility - place of service 31.
- When these services are performed by the second physician in the non-facility setting, CPT® codes 99148 to 99150 should not be reported.

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Reminder: Consumer-Directed Health Plans rise in popularity

As the New Year begins, providers will see more patients having a Consumer-Directed Health Care (CDHC) Plan. CDHC is a term used to describe new health care options designed to make consumers aware of the true costs of health care and to become more responsible for consumption of these services.

The primary components under the CDHC plans are High Deductible Health Plans (HDHP) and financial options.

Key elements under an HDHP plan:

- 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);
- Providers are reimbursed via Health Savings Account (HSA), Health Reimbursement Arrangement (HRA), or Flexible Spending Account (FSA);
- Members issued a standard BCBST ID card;

CDHC is gaining popularity as a way to offer health care coverage and help offset rising health care costs. Watch for more information in future BlueAlerts or visit our company Web site, www.bcbst.com.

BlueCare/TennCareSelect

ADMINISTRATIVE

Calling the appropriate provider service line helps shorten phone time

Calling the appropriate VSHP provider service line can help reduce the amount of time you spend on the phone. If you need information regarding your BlueCare patient, call the **BlueCare Provider Service line at 1-800-468-9736**. If your patient is a **TennCareSelect** member, you should call the **TennCareSelect Provider Service line at 1-800-276-1978**.

These provider service lines are open Monday through Friday, 8 a.m. to 6 p.m., (ET).

Reminder: Prior authorization required for select radiology services

VSHP requires prior authorization for select outpatient advanced imaging services. A listing of these services can be found in the *VSHP Provider Administration Manual* located on the company Web site, www.vshptn.com. To arrange prior authorization for these services:

For BlueCare members in the West Grand Region (effective Nov. 1, 2008) and in the East Grand Region (Jan. 1, 2009) contact MedSolutions:

Phone: 1-888-693-3211
Fax: 1-888-693-3210
Online: www.medsolutionsonline.com,

For TennCareSelect members call VSHP Utilization Management Department, Monday through Friday, from 8 a.m. to 6 p.m. or online submission:

Phone: 1-888-423-0131
Fax:
➤ West Grand Region 1-800-919-9213
➤ East Grand Region 1-800-292-5311
Online: www.vshptn.com

Home health care services dedicated fax lines established*

Effective Feb. 1, 2009, all requests for home health care services for BlueCare or TennCareSelect members should be faxed to one of the numbers listed below. Use of these dedicated fax lines will help expedite your requests for home health care services. For members residing in:

East Grand Region 1-865-588-4663
West Grand Region 1-800-919-9213

Use of these dedicated fax lines will help expedite your requests for home health care services.

Change to prior authorization requirement for outpatient therapy evaluations*

Effective Feb. 1, 2009, VSHP will no longer require prior authorization for evaluations for physical therapy, occupational therapy or speech therapy. **Note:** *This guideline applies for BlueCare members only.*

BlueCare behavioral health provider initiated notice fax line established*

The Bureau of TennCare requires that all members being discharged from any behavioral health service be notified of their rights to appeal that discharge decision. Providers are required through the Grier Process to notify the Managed Care Organization (MCO) of any provider initiated discharge by submitting a "Provider Initiated Notice (PIN)" form within 2 days of the discharge. The MCO is responsible for providing the member with a letter that outlines their appeal rights. An electronic copy of the PIN is available on the company Web site, www.vshptn.com.

To help ensure this process is handled expeditiously, VSHP established the following dedicated fax lines for use by behavioral health providers caring for BlueCare members residing in the East and West Grand Regions:

East Grand Region 1-800-859-2922
West Grand Region 1-866-320-3800

VSHP's "In-the-Know" well care pilot program launched

A new well-care pilot program is being launched by VSHP to encourage teens, ages 15 to 20 years old who are not up-to-date on TENNderCare screenings to get a checkup.

Scheduled to be launched during the first quarter of 2009 in Gibson and Tipton counties in West Tennessee and Bledsoe County in East Tennessee, the pilot will focus on increasing the screening rates for this population of our membership. Teens and/or their parents are being asked to make an appointment for a well-care checkup. When you are contacted please remember these appointments must be scheduled in accordance with the Primary Care Provider

(PCP) *Access and Availability Standards* outlined in the *Volunteer State Health Plan Provider Administration Manual*. The manual can be found on the VSHP company Web site, www.vshptn.com.

BlueCard®
ADMINISTRATIVE

Reminder: High-tech imaging (HTI) procedures may require prior authorization for out-of-state members

Out-of-state members may require a prior authorization for certain HTI procedures. Checking benefits and eligibility can determine if a prior authorization is required.

Ordering physicians having direct access to a member's clinical information can easily obtain a prior authorization. This can help the facility and radiologists avoid denials and loss of revenue. Eligibility and benefits for out-of-state members can be verified on the company Web site, www.bcbst.com or by calling **1-800-676-BLUE (2583)**. We encourage you to check eligibility prior to rendering services.



†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).



*These changes will be included in the appropriate 1Q 2009 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