

July 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 July 8, 2009:

- Allergy Testing- Provocative Tests for Food or Food Additives and Food Challenge Testing

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

Clinical practice guidelines adopted

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

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>

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>

ATP III Guidelines: 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>

Standards of Medical Care in Diabetes – 2009:

http://care.diabetesjournals.org/cgi/content/full/32/Supplement_1/S13

Seventh Report of the Joint National Committee (JNC) on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure:

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

ACOG: Guidelines for Perinatal Care, Sixth Edition:

http://sales.acog.com/acb/stores/1/product.1.cfm?SID=1&Product_ID=242

ICSI: Guidelines for Routine Prenatal Care:

http://www.icsi.org/prenatal_care_4/prenatal_care__routine__full_version__2.html

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>

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.

Modified Utilization Management Guideline updates/changes

BlueCross BlueShield of Tennessee's Web site has been updated to reflect upcoming modifications to select Modified Utilization Management Guidelines. The *Modified Utilization Management Guidelines* can be viewed on the Utilization Management Web page at

http://www.bcbst.com/providers/UM_Guidelines/Upcoming_Changes/Upcoming_Changes.htm

Effective Aug. 21, 2009:

The following as relates to Ambulatory Care:

- Esophagogastroduodenoscopy (EGD), UGI Endoscopy
- LOOP Electrosurgical Excision Procedures (LEEP, LLETZ) Cervix

The following as relates to Home Care:

- Hyperemesis Gravidarum

The following as relates to Inpatient and Surgical Care:

- Cesarean Delivery

Note: Effective dates apply to BlueCare and TennCareSelect pending state approval.

Reminder: Leuprolide Acetate claims may be subject to medical appropriateness

Providers are reminded to review the current medical appropriateness indications for Leuprolide Acetate in the BCBST Medical Policy Manual located on the company Web site at www.bcbst.com/mpmanual/!SSL!/WebHelp/Leuprolide_Acetate.htm. These claims may be subject to retrospective review to ensure medical appropriateness criteria are met.

BlueCross BlueShield of Tennessee, Inc. (BCBST)

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ADMINISTRATIVE

BlueCross BlueShield of Tennessee to host educational seminar

BCBST in partnership with Tennessee End of Life Care (TELP) is offering an educational seminar, *Fundamentals of Advance Care Planning*, August 6 and August 7, 2009, with providers having the option of attending either day.

The seminar is being held at:

BlueCross BlueShield of Tennessee
One Cameron Hill Circle
Bldg 1 – Community Auditorium
Chattanooga, TN 37402
8 a.m. to 4:30 p.m. (ET).
\$75.00 per person

Objectives of the seminar are to help participants:

- Understand the major components of the 2004 Tennessee Health Care Decisions Act;
- Differentiate between Advance Care Planning, Advance Directives, Do Not Resuscitate Orders and the Physician's Orders for Scope of Treatment (POST);
- Complete an Advance Care Plan or other Advance Directive; and
- Initiate conversations with adults about their wishes for end of life care.

Agenda Topics:

- A Patient's Rights – An Overview of the 2004 Tennessee Health Care Decisions Act;
- Advance Care Planning and Advance Directives – Understanding the Concepts, Language, and Tools;
- Medicine & Ethics – Advance Care Planning and Life Sustaining Treatment;
- "Let's Talk" – How to Skillfully Facilitate the Process of Advance Care Planning; and
- Problem Solving Scenarios – Small Group Sessions.

To register to attend one of the sessions, please contact Lacy Phillips, RN, PMP at 423-296-8813 or e-mail, Shanna_Phillips@bcbst.com.

eBusiness hours of operation extended*

The BlueCross BlueShield of Tennessee eBusiness Service Center extended its hours of operation from 8 a.m. to 6:30 p.m., ET. This change provides an extension of urgent BlueAccess and EDI transaction support in a limited capacity.

If you have an urgent BlueAccess or EDI transaction support need, please call the eBusiness Service Center at 423-535-5717.

Non-urgent requests can be e-mailed to ecomm_techsupport@bcbst.com 24-hours-a-day, 7-days-a-week.

Providers are reminded to check out our newest marketing and technical information online at www.bcbst.com/providers/ecomm.

Reminder: Are you responsible for providing interpretation services?

According to federal and state regulations of Title VI of the Civil Rights Act of 1964, translation or interpretation services due to limited English proficiency (LEP) is to be provided by the entity at the level at which the request for service is received. For example, if your office is providing medical services to a non-English speaking member and you feel an interpreter is needed, the cost of these services will be the responsibility of the entity where the services are received. The member, at no time is liable for the cost of LEP services.

Anyone who does not speak English as his/her primary language and/or has reading, writing or English-speaking limitations is considered limited English proficient. It is the responsibility of any entity that receives federal financial assistance, e.g., Medicare, BlueCare or TennCareSelect, to provide interpretation services for medical treatment. Providing interpretation services is vital to ensuring patient welfare.

July 2009

When deciding to use interpreters, the following tips may offer some cost-effective language assistance:

- train bilingual staff;
- utilize telephone and video conference services;
- use qualified translators and interpreters; and/or
- use qualified volunteers.

The National Health Law Program and Access Project 2003 is an organization that assists providers having patients with language issues by providing a Language Services Action Kit. The kit can be purchased by e-mailing info@accessproject.org.

Additional information can be found on the Provider page of the company Web site, www.bcbst.com in both the BCBST and VSHP provider administration manuals.

Accessing Physician Quality and Cost Reporting Program 2009

The Physician Quality and Cost Information, including 2009 program updates, will be available for physician¹ review starting in August 2009. Prior to the release, physicians should have a *BlueAccess* user ID and password to access their quality and cost information.

First-time users can register by logging on to www.bcbst.com and clicking on "register now" in the *BlueAccess* section, selecting "Provider" and following registration instructions available at <https://www.bcbst.com/secure/providers/>.

You will need to "request a shared secret"² for all provider ID numbers that you need to access.

After you have completed the registration process, you will be able to access the "Physician Quality and Cost Information" link through *BlueAccess*.

For more information or *BlueAccess* training, contact eBusiness Solutions at (423) 535-5717 or email at Ecomm_TechSupport@bcbst.com

¹ Hospital based physicians excluded

² A "Shared Secret" is required. Your staff may already have your "Shared Secret".

BlueCross BlueShield of Tennessee, Inc. (BCBST)

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ADMINISTRATIVE

Clarification: Filing automobile or other accident-related claims

When your patient is a BlueCross BlueShield of Tennessee member who has been involved in an automobile accident, you are contractually required to file your claim with BCBST, even if the member's own automobile insurance carrier provides medical payment coverage. By filing your claims with BCBST first, you are ensuring that your claims will not be denied as untimely. If you do not file your claim with BCBST and attempt to do so after the timely filing period has expired, your claim will be denied as untimely. In such event, you cannot pursue the BCBST member for payment and are contractually required to hold the member harmless.

You are allowed to file a claim with both BCBST and the automobile insurance carrier. In the event that BCBST pays the member's claim and you also receive a check for medical payments from the automobile insurance carrier, you must reimburse BCBST those funds as to not receive any overpayments.

If the member has med-pay coverage available and you receive a payment prior to receiving payment by BCBST, you should file your claim with BCBST and attach a copy of the check and any explanation of benefits or letter of exhaustion from the automobile insurance carrier. BCBST will process the claim and provide benefits up to the allowed amount, according to your contractual agreement with BCBST. Any overpayment created due to payments being made by both BCBST and the automobile insurance carrier should be returned to BCBST.

Reminder: Changes to billing guidelines for moderate to 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 99148-99150

- 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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July 2009

BlueCard®

ADMINISTRATIVE

Reminder: How to avoid out-of-area claim issues

BlueCross BlueShield of Tennessee strives to process your claims quickly and accurately.

To help ensure your claims are processed timely and accurately, please follow these steps:

1. Submit **all** claims for your BlueCross BlueShield of Tennessee patients to BlueCross BlueShield of Tennessee.
2. Ensure **all services** for the same patient, same date of service, same place of service, and same provider are billed on a single claim **submission**. Claims not complying with this billing guideline are at risk for recoupment due to post-pay edits. Providers billing such claims may also be identified for focused audits.
3. Verify member ID cards frequently. Ensuring the most current ID and alpha prefix are being used will help avoid processing delays related to prefix or ID changes.
4. Include member's complete identification number, including the current three-character alpha prefix. Submit claims with only **valid** alpha-prefixes; claims with incorrect or missing alpha prefixes and/or member identification numbers cannot be processed correctly.
5. In cases where there is more than one payer and a Blue Cross and/or Blue Shield Plan is a primary payer, submit Other Party Liability (OPL) information with the Blue Cross and/or Blue Shield claim. Upon receipt, BlueCross BlueShield of Tennessee will electronically route the claim to the member's Blue Plan. The member's Plan will process the claim and approve payment; BlueCross BlueShield of Tennessee will reimburse you for services.
6. Avoid sending duplicate claims. Sending another claim, or having your billing agency resubmit claims

BlueCard®

ADMINISTRATIVE

Reminder: How to avoid out-of-area claim issues (cont'd)

automatically slows down the claims payment process and creates confusion for the member.

7. Check claim status by calling BlueCross BlueShield of Tennessee at 1-800-705-0391 or submit an electronic HIPAA 276 transaction (claim status request) to BlueCross BlueShield of Tennessee.

If you encounter an issue with a claim, we are here to help. Please contact us at:

- www.bcbst.com;
- 1-800-705-0391; or
- submit an electronic inquiry to www.bcbst.com.

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.

CoverTN

ADMINISTRATIVE

When should you refer to a local health department?

BCBST understands that not all providers maintain an inventory of, or administer

vaccines such as Typhoid, Meningitis, Zostavax and Pneumonia in the office.

As a reminder, CoverKids members should **ONLY** be referred to the local health department when vaccinations are needed and unavailable to them in your office.

BlueCare/TennCareSelect

ADMINISTRATIVE

New behavioral health consultation line available*

Volunteer State Health Plan (VSHP) can assist you in obtaining referrals for your **BlueCare** patients having mental health and substance abuse treatment needs. The behavioral health staff is available to consult with you and share ideas regarding clinical treatment approaches, management of difficult cases (e.g., eating disorders and ADHD), and utilization of new treatment modalities.

We recently established a toll-free primary care provider consultation line staffed by ValueOptions® Peer Advisors who are Board Certified Psychiatrists. The staff will be available to you for telephone consultation regarding all aspects of mental health and substance abuse treatment, including medications.

This service is currently available Monday through Friday from 9 a.m. - 5 p.m., ET. Please call 1-877- 241-5575 and identify yourself as a TennCare primary care provider seeking psychiatric consultation services.

We encourage you to visit our company Web site, www.vshptn.com where you can find useful information including treatment guidelines for many mental disorders.

Reminder: Calling the appropriate provider service line helps expedite 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 a BlueCare patient, call the **BlueCare Provider Service line, 1-800-468-9736**. If your patient is a TennCareSelect member, you should call the **TennCareSelect Provider Service line, 1-800-276-1978**.

The phone lines are available Monday through Friday, 8 a.m. to 6 p.m., ET.

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†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 moved, acquired an additional location, or made other changes to your practice, choose the "touchtone" option or just say "**Network Contracts or Credentialing**" 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 Friday, July 3, 2009, in observance of the Fourth of July Holiday



*These changes will be included in the appropriate 2Q 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