

March 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 April 9, 2009

- Radiofrequency Ablation for Treatment of Tumors
- Balloon-based Radiofrequency Ablation for Barrett's Esophagus
- Targeted Phototherapy (UVB Therapies) for Psoriasis

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

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 http://www.bcbst.com/mpmanual/!SSL!/WebHelp/Leuprolide_Acetate.htm.

These claims may be subject to retrospective review to ensure medical appropriateness criteria are met.

ADMINISTRATIVE

Online Web authorization system enhanced

If you have recently utilized our online Web Authorization process you probably know

what services are available to providers. However, if you have not submitted a prior authorization request online, we would like to make you aware that authorization requests for the following services can now be submitted through *BlueAccess*, BCBST's secure area on its Web sites, www.bcbst.com and www.vshptn.com:

- Inpatient Admissions
- 23-Hour Observation
- Specialty Pharmacy
- Clinical Updates (facility requests for additional days)
- Outpatient Procedures (BlueCare Only)
- Global Obstetrics (BlueCare Only)

For more information on how to get started with the online authorization process, see the tutorial at

<http://www.bcbst.com/providers/training/CareAuth/player.html>.

Select hospitals exempt from "Present on Admission" reporting requirement

BlueCross BlueShield of Tennessee will be following The Centers for Medicare & Medicaid Services (CMS) Guidelines for Present on Admission (POA) Indicator Reporting for all lines of business. The Present on Admission Indicator Reporting requirement applies **only** to Acute Inpatient Prospective Payment System (IPPS) hospitals. Facilities (as indicated by CMS) that are exempted from the POA Indicator Requirements will **not** be required to submit the POA Indicator Option "1".

At this time, the following hospitals are **EXEMPT** from the POA indicator requirement:

- Critical Access Hospitals (CAHs)
- Long-Term Care Hospitals (LTCHs)
- Maryland Waiver Hospitals
- Cancer Hospitals
- Children's Inpatient Facilities
- Rural Health Clinics

- Federally Qualified Health Centers (FQHCs)
- Religious Non-Medical Health Care Institutions
- Inpatient Psychiatric Hospitals
- Inpatient Rehabilitation Facilities (IRFs)
- Veterans Administration/Department of Defense Hospitals

Changes to medical management program corrective action plan*

Effective April 1, 2009, BlueCross BlueShield of Tennessee's Medical Management Program Corrective Action Plan (MMCAP) has been revised to:

- differentiate between applicant and participating provider reviews;
- remove non-credentialing activity provisions;
- indicate "Practice Improvement Plan" as only one element of the Plan;
- reflect modified appeal processes; and
- identify responsibilities of Chief Medical Officer and the Credentialing Committees.

The revised document can be viewed online in its entirety at <http://www.bcbst.com/providers/corrective-action-plan.shtml>.

Reminder: Submitting electronic secondary claims appropriately

BlueCross BlueShield of Tennessee accepts professional and institutional secondary claims in the ANSI-837 electronic format. The ANSI-837 format, version 4010A1 is the required format for electronic transmissions under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Electronic submitters are encouraged to

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ADMINISTRATIVE (cont'd)

Reminder: Submitting electronic secondary claims appropriately (cont'd)

review the standard ANSI-837 Implementation Guides for specific requirements regarding these electronic claims types. Implementation Guides containing specific secondary electronic claim information can be found at <http://www.bcbst.com/providers/ecommerce/technical-information.shtml>.

Providers should **not** submit secondary to Medicare claims electronically. For secondary to Medicare payments, Group Health Incorporated (GHI), Medicare's coordination of benefits contractor, will coordinate transfer of the claim to the supplemental or retiree group insurers for the payment of secondary benefits.

For questions, please contact our eBusiness Service Center at 423-535-5717, Monday through Friday from 8 a.m. to 5:30 p.m. (ET).

Change to DME labor codes*

Effective April 1, 2009, HCPCS Code E1340 will become invalid for claim submission to the Centers of Medicare & Medicaid Services (CMS). Service-specific codes K0739 and K0740 will replace the generic labor code.

At this time BCBST will continue to accept E1340 but providers are encouraged to use the more specific labor codes for DOS April 1, 2009, and after. For further information, providers can review this publication on the CMS Web site at <http://www.cms.hhs.gov/>.

Note: Labor billing code selection for BlueAdvantage should follow CMS guidelines.

BlueCare/TennCareSelect ADMINISTRATIVE

Prior authorization fax requests no longer accepted on weekends and holidays*

Effective April 1, 2009, fax requests **will not** be accepted on weekends or holidays.

Fax transmissions may be submitted to the Utilization Management Department Monday through Thursday, 24-hours-a-day and Friday until 6 p.m. (ET).

Fax requests to: 1-800-292-5311

Urgent concurrent reviews for inpatient stays and emergent admissions must be submitted within 24 hours or the next business day. These requests can be submitted to the:

- prior authorization number listed on the member's VSHP ID card
- VSHP UM department:
 - BlueCare 1-888-423-0131
 - TennCareSelect 1-800-711-4104
- Or
- Via *BlueAccess* on www.vshptn.com

MedSolutions creates exclusive prior authorization phone number for use in authorizing high tech imaging services for BlueCare members*

To help expedite prior authorization requests for high tech imaging services for BlueCare members, MedSolutions created the following dedicated phone number:

1-877-791-4101

Please use this number when requesting high tech imaging services for your BlueCare patients.

Note: At this time, prior authorization for high tech imaging services is **not** required for TennCareSelect members.

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Home health and private duty agencies must report changes in services*

Effective Jan. 30, 2009, all home health and private duty agencies are required to submit weekly status reports to Volunteer State Health Plan reporting any change(s) in services to its members. Agencies should complete and return the VSHP-supplied forms indicating such changes as:

- Increase/Decrease in service;
- Hospitalizations;
- Facility transfers;
- Discharge from service;
- Death; and/or
- Missed appointments

Reminder: Reporting PDN missed shifts helps promote continuity of care

The *Private Duty Nursing Missed Shift* fax form is readily available online at http://www.bcbst.com/providers/forms/PDN_Missed_Shift_doc_2_.pdf and should be **faxed** to Case Management at the appropriate number below within 24 hours to promote continuity of care for our members.

East Tennessee 1-800-292-5311
West Tennessee 1-901-544-2490

Providers may also request the form by calling the BlueCare or TennCareSelect Provider Service lines†.

Clear Claim Connection online tool being discontinued*

Effective March 20, 2009, Clear Claim Connection, a BlueCare and TennCareSelect interactive online code auditing disclosure tool is being discontinued. Commercial and Medicaid Code Bundling will be utilized for all claims. Bundling rationale can be found on the Provider page of the company Web site, www.bcbst.com.

BlueCare/TennCareSelect

ADMINISTRATIVE (cont'd)

Clarification: Prior authorization required for select radiology services

In the January 2009 issue of *BlueAlert* we advised VSHP requires prior authorization for select outpatient advanced imaging services. The article was confusing in that we provided contact information for arranging prior authorizations for both BlueCare and TennCareSelect members, which made it appear authorization for high tech imaging services is also required for TennCareSelect.

At this time, VSHP only requires prior authorization for high tech imaging services for its BlueCare population. We apologize for any inconvenience this may have caused.

Reminder: Filing claims for preventive services

Effective Jan. 1, 2008, claims for preventive services must be filed using the appropriate CPT[®] code with diagnosis codes V20-V20.2, V70.0-V70.0, V70.3-V70.9. Use of these codes is required in order for the encounter to be considered a complete TENNderCare screening reimbursable at the enhanced rate. Previously, providers were not required to use a "V" diagnosis code in conjunction with preventive procedure codes.

When a TENNderCare screening reveals the need for further diagnostic and treatment services, one of the following referral codes should be used in Block 24D on the CMS-1500 professional paper claim form:

- UA – Medical follow-up needed
- UB – Behavioral follow-up needed
- UC – Dental follow-up needed

Although the above codes are for informational use only, we encourage you to use them as they assist in better coordination of the member's care.

Preventive codes and guidelines for billing preventive services with evaluation & management codes are defined in the *VSHP Provider Administration Manual* located on the company Web site, www.bcbst.com.

Correction: Billing guidelines for behavioral health licensure levels

In the February 2009 issue of *BlueAlert* we advised in order for BlueCare behavioral health providers to receive appropriate reimbursement, they must bill the correct modifier in accordance with their licensure level. We inadvertently included modifier UA (MD level) in the listing. Medical doctors are **not** required to bill the UA modifier. We apologize for this inconvenience.

VSHP begins 2009 HEDIS medical record review project

Volunteer State Health Plan will begin its annual Healthcare Effectiveness Data and Information Set (HEDIS) project in March 2009 to meet National Committee for Quality Assurance (NCQA) accreditation and the Bureau of TennCare reporting requirements for BlueCare and TennCareSelect.

Measures requiring additional information from medical record documentation to report results include:

- Childhood immunizations;
- Prenatal and postpartum care;
- Cervical cancer screening;
- Controlling high blood pressure;
- Comprehensive diabetes management; and
- Two new measures:
 - Adult BMI assessment; and
 - Weight assessment and counseling for nutrition and physical activity for children/adolescents.

A representative form VSHP will be calling your office in the near future to request documentation or schedule an onsite review of medical records for data abstraction. All information should be received prior to May 15, 2009, to meet strict reporting timeframes for this project.

Providers are reminded that VSHP and providers **can** continue to share information related to a member's protected health information (PHI) without the member's authorization when the information is needed for health care treatment or payment activities. The Privacy element of the Health Insurance Portability and Accountability Act

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of 1996, (HIPAA) works to protect members' PHI, but also allows use by providers and insurers in the course of normal business when related to Treatment, Payment or Health Care Operations (TPO).

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

ADMINISTRATIVE

A number of employer groups choose to include end stage renal disease coverage

It is important to remember that although **Individual** Medicare Advantage plans are not open to End Stage Renal Disease (ESRD) patients (except for very limited circumstances); **Employer** Group Medicare Advantage plans are allowed to include ESRD patients in their employee coverage (regardless of the circumstances). Because of this Employer Group exception and to prevent any unnecessary member cost, BlueCross BlueShield of Tennessee urges Dialysis Clinics to verify benefits by calling the BlueAdvantage Provider Service line[†] prior to rendering services.

New look for Medicare Advantage terms and conditions

You may have noticed that the BlueAdvantage Terms and Conditions for private-fee-for-service (PFFS) has a different look. This is because the BlueCross BlueShield Association in conjunction with the Centers for Medicare & Medicaid Services (CMS) developed a standard model template for all Blue Plans to facilitate. The intent is to diminish confusion for providers trying to locate their patient's specific document. All Blue Plans are required to publish the document on their respective Web site. You can locate the BlueAdvantage Terms and Conditions by visiting <http://www.bcbst.com/providers/bcbst-medicare/pdfs/terms/pdf>.

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

ADMINISTRATIVE

Shared Health online records now available for BlueAdvantage members

The secure online health record of Medicare Advantage members is now available through Shared Health. Beginning Jan. 1, 2009, providers can access Medicare Advantage members' Clinical Health Record (CHR) and manage the care of their Medicare Advantage patients on the Shared Health Web site, www.sharedhealth.com.

Shared Health allows doctors to write prescriptions from their own computers and send them directly to any Medicare Advantage patient's pharmacy through the Shared Health ePrescribe® feature.

ePrescribe® gives providers critical information about prescriptions for Medicare Advantage patients such as:

- Covered medicines;
- Medicines requiring prior authorization or quantity limits' approval;
- Medication claims history; and
- Drug interactions that could potentially harm a patient.

Key Benefits of Shared Health:

- Allows more time for patient care and less time for administrative paperwork.
- Protects valuable medical information in the case of a catastrophic event such as Hurricane Katrina.
- Improves preventive care by giving a more holistic view of your patient.
- Helps emergency departments quickly access relevant patient information when time is crucial.

If you have additional questions, or would like to become a registered clinician with Shared Health, please call 1-888-283-6691, or visit www.sharedhealth.com for more information.

Real Time Claim Estimation/Adjudication available for BlueAdvantage

Real Time Claims Adjudication application is now available for use with your BlueAdvantage patients. If you have not used this online application before and would like to know more, please log on to BlueAccess, the secure area on the company Web site, www.bcbst.com and view the educational tutorial located in the eHealth Services® section, or contact eBusiness Solutions by:

Calling:
 Technical Support 423-535-5717
 Marketing Team 423-535-3057

Or

e-mail:
eComm_Marketing@bcbst.com

BlueCard®
ADMINISTRATIVE

2009 BlueCard Program

Your feedback helps improve our processes making your daily interactions with us an easier experience.

In first quarter 2009, you may receive a call on behalf of BlueCross BlueShield of Tennessee seeking feedback on your experiences when treating members from other Blue plans. Our research vendor may invite you to participate in a phone or electronic survey. If your office is contacted, we encourage you to participate in the survey or provide your e-mail address for participation at a more convenient time.

If you need information about the BlueCard Program or wish to offer suggestions for improvements, please consider:

- talking to your provider relations representative;
- visiting us online at www.bcbst.com; or
- calling us at 1-800-705-0391.

Thank you in advance for your participation. We appreciate your feedback.

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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 have 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).

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**Happy St. Paddy's Day
March 17, 2009**



*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