Provider updates/changes

The BlueCross BlueShield of Tennessee Medical Policy Manual has been updated to reflect the following policies. The full text of the policies listed below can be accessed at http://www.bcbst.com/providers/mpm.shtml under the “Upcoming Medical Policies” link.

Effective Aug. 8, 2015
- Ablation Procedure for Peripheral Neuromas
- IVIG
- Measurement of Serum Antibodies to Infliximab and Adalimumab
- Powered Exoskeleton for Ambulation in Individuals with Lower-Limb Disabilities

Effective Aug. 19, 2015
- Ramucirumab

Note: These effective dates also apply to BlueCare Tennessee plans pending State approval.

New drugs added to Commercial Specialty Pharmacy listing

Effective July 1, 2015, the following drugs have been added to our Specialty Pharmacy drug list. Those requiring prior authorization are identified by (PA).

Provider-administered via medical benefit:
- Signifor Lar (PA)
- Unituxin (PA)

Self-administered via pharmacy benefit:
- Farydak (PA)
- Jadenu

Providers can obtain prior authorization for:
- Provider-administered drugs that have a valid HCPCS code by logging onto BlueAccess™, the secure area of www.bcbst.com, selecting Service Center from the Main menu, and clicking Authorization/Advance Determination Submission. If you are not registered with BlueAccess or need assistance, call eBusiness Technical Support†.
- Provider-administered specialty drugs that do not have a valid HCPCS code by calling 1-800-924-7141.
- Self-administered specialty drugs by calling Express Scripts at 1-877-916-2271.

NOTE: BlueCross updates web authorization forms on a quarterly basis. If the HCPCS code is not available now, it may be in the near future.

Who’s My BlueCross Contact?

BlueCross BlueShield of Tennessee recently added a new tool called My BlueCross Contact to the provider page of the company website.

My BlueCross Contact is a reference tool that allows users to search for the field staff representative assigned to a given provider. Users can search by Provider Name or National Provider Identifier (NPI).

Find your representative using the My BlueCross Contact tool located at www.bcbst.com/providers/mycontact.

All Blue 2015 Provider Workshops…

Coming Soon to a City Near You!

The annual state-wide All Blue workshops are designed to simplify your day-to-day interactions with us. Talk with BlueCross professionals who will share important information on current issues. While you are there, visit our Resource Centers and take advantage of one-on-one discussions and breakout sessions. Watch for your invitation in the mail! For additional information including dates, times, locations and easy online registration, please visit our website at bcbst.com/providers/workshops.

Health information privacy

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule, BlueCross makes every effort to protect its members’ individually identifiable health information.

The HIPAA Privacy Rule establishes national standards to protect individuals’ medical records and other personal health information and applies to 1) health plans, 2) health care clearinghouses and 3) those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of personal health information and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Rule also gives rights to
patients over their health information, including rights to examine and obtain a copy of their health record and to request corrections.

Members and patients have the right to access their health information and to know how it is being protected. As such, BlueCross requests providers maintain a notice of privacy practices and encourages providers to publish such notices prominently on their websites.

BlueAccess: Did you know?

You can check the status of your authorizations by simply logging in to BlueAccess® and clicking on the “Authorization/Advance Determination Inquiry” section from the “Service Center” link. An advantage of checking online is not only time saved, but status information related to your inquiry can be printed from the website. Contact your eBusiness Marketing Representative to receive BlueAccess training. Contact information is available in the Provider Service Line† section at the end of this newsletter.

High-tech imaging change*

As you are aware, utilization management services for all outpatient MRI/MRA/MRS, CT/CTA, PET and Nuclear Cardiac imaging studies are handled by MedSolutions®. Effective July 1, 2015, MedSolutions’ name will change to eviCore. All contact information that was previously used for MedSolutions will remain the same.

Reminder: Tennessee Rural Health/Farm Bureau Health Plan changes

Tennessee Rural Health (TRH)/Farm Bureau Health Plans will no longer be administered by BlueCross effective with dates of service beginning July 1, 2015. The Medicare Supplement Plans will be administered by TRH in Columbia, TN. Through the Medicare Crossover Program (COBA), claims will cross to TRH electronically, so there is no need to file a paper claim.

All other TRH plans will be administered by UMR, Inc. Please refer to each member’s new ID card for additional information.

Late charges*

In the Billing and Reimbursement section of the BlueCross BlueShield of Tennessee Provider Administration Manual, the Institutional Claim Billing and Reimbursement Guidelines state: “BCBST does not accept late charges. To receive consideration for late charges, a corrected claim should be resubmitted.”

Beginning Aug. 1, 2015, Institutional claims (UB04 and 837I) filed with the Type of Bill ending in ‘5’ will be returned with the following rejection:

150168 – CLM FREQUENCY CODE 5 NOT ACCEPTED
Claim Frequency Type Code is located in Loop ID-2300 in the CLM segment. It is the 3rd sub-element of the 5th element. The claim frequency type code 5 is not accepted. This edit is not applicable for BlueCare/TennCareSelect claims.

Claim Status Category Code
A7 – Acknowledgement/Rejected for Invalid Information – The claim/encounter has invalid information as specified in the Status details and has been rejected.

Health Care Claim Status Code
228 – Type of Bill for UB claim

Note: This edit does not apply to BlueCare, BlueCare Plus (HMO SNP)® or CHOICES.

Women's Preventive Services: Breastfeeding equipment

In accordance with the Affordable Care Act, BlueCross provides 100 percent coverage for many women’s health services. Included in these services are breastfeeding support and counseling, as well as breastfeeding equipment under durable medical equipment (DME) benefits.

Under DME coverage, new mothers have access to certain breast pump devices at no cost. To qualify for full coverage, specific guidelines must be followed, including:

- Mothers are eligible for one manual breast pump in conjunction with each birth.
- A physician’s prescription is required when purchasing a breast pump through a participating DME supplier.
- Electric breast pumps will be covered up to the maximum allowable charge of manual breast pumps.
- Electric breast pumps may be covered by certain employer groups. Please call and verify these benefits prior to supplying electric pumps to ensure members are informed of the potential for higher cost shares.
- Manual pumps purchased from retail stores and in-network DME providers receive 100 percent in-network preventive benefits not subject to deductible or copayment.
- The amount allowed toward any breast pump of choice, whether manual, electric or hospital grade, regardless of where purchased, will not exceed applicable DME allowances for standard manual pumps. Members will be liable for any cost difference.

Please note that pump replacement supplies are NOT covered by BlueCross.

DME: Did you know?

If you are a BlueCross Commercial provider, don’t miss out on this durable medical equipment (DME) processing tip:

By renting or renting-to-buy CPAP/BIPAP equipment, you can avoid prior authorization processing since the cost of renting the equipment is less than the $500 DME limit. Keep in mind, the purchase price for equipment is considered reached after only 10 months’ rental, but if you elect to buy early, prior authorization will be required.
BlueCare Tennessee
This information applies to BlueCare and TennCareSelect plans, excluding dual-eligible BlueCare Plus (HMO SNP) unless stated otherwise.

Important notice from the Bureau of TennCare for BlueCare, TennCareSelect and CoverKids Providers

BlueCare Tennessee recently notified you about changes outlined in the State of Tennessee 2016 fiscal year budget. The Bureau of TennCare also released an updated memorandum providing specific guidance regarding changes in rates/reimbursements for TennCare Managed Care Organizations (MCOs).

Please note: There was not a 1 percent rate reduction that went into effect July 1, 2015. The only rate changes was for the therapy codes listed in the original notification.

Visit our website at http://bluecare.bcbst.com for the complete memorandum provided by the Bureau.

Thank you for your continued commitment to providing quality care for BlueCare, TennCareSelect and CoverKids members.

New management for incontinence products

On Oct. 1, 2014, BlueCare Tennessee published a request for proposal (RFP) for incontinence products to ensure effective management of quality products for all BlueCare members in Tennessee and contiguous counties. After taking all evaluation criteria into consideration, BlueCare Tennessee is pleased to announce it will award Medline Industries the contract for incontinence products. BlueCare Tennessee believes Medline’s approach to quality of care and affordable pricing supports our vision for the wellbeing of our members.

BlueCare Tennessee is targeting an effective date of Aug. 1, 2015, for the contract with Medline Industries. Additional information regarding our transition plan to ensure BlueCare members continue getting the products they need during this transition will be forthcoming.

Thank you to the providers who responded to the RFP for incontinence products. BlueCare Tennessee appreciates your participation and interest in meeting this community’s need.

Hysterectomy form update *

The Bureau of TennCare has updated the Medicaid – Title XIX Acknowledgement of Hysterectomy Information Form. The form was revised for clarity to ensure providers complete only one section of the form. As of Aug. 1, 2015, the form will no longer be accepted if more than one section is completed.

All Abortion, Sterilization, and Hysterectomy (ASH) forms, along with instructions for completion, are available online at http://bluecare.bcbst.com/Providers/Provider-Education-and-Resources/Forms.html under Authorization and Notification Forms.

To ensure Covering Information is correct:

- Call our Provider Service line† at 1-800-924-7141 and select option 1.
- Submit your covering provider listing on business letterhead via fax to (423) 535-3066 or to (423) 535-5808.
- Mail your covering provider listing on business letterhead to:
  BlueCross BlueShield of Tennessee
  1 Cameron Hill Circle
  Chattanooga, TN 37402-0001
  Attention: Provider Network Enrollment 2.4

Look for more information coming soon to all participating PCPs.

Pre-teens and teens need vaccines, too!

Encourage parents to plan vaccinations for their preteen or teen this summer. Remind them to make an appointment before the back-to-school rush begins. As you know, there are four vaccines recommended for preteens and teens—

1 dose Meningococcal Vaccine
1 dose Tdap/Td Vaccine
3 doses of HPV Vaccine (within a six-month period)

Influenza (flu) vaccine

These vaccines help protect children, their friends, and their family members. While kids should get a flu vaccine every year, the three other preteen vaccines should be given when kids are 11-12 years old. Teens may also need a booster of a vaccine that requires more than one dose to be fully protected.
Tips to improve immunization rates and keep your parents informed:

- Make sure adolescents turning 13 complete all doses of the recommended 4 immunizations BEFORE their 13th birthday.
- Discuss the importance of adolescent preventive care. Give parents a copy of a current immunization schedule and information on the different vaccines, dosages, and what they prevent, along with a reputable source to reference (www.cdc.gov/vaccines).
- Provide parents with an up-to-date shot record that they can keep for their own documentation.
- Schedule next adolescent well-care appointment before leaving the office.
- Create a “tickler file” and send reminder letters, calls prior to appointments.
- Follow up on missed appointments so that rescheduling can occur.
- Look for each opportunity to immunize adolescents apart from just vaccination appointments. If you have a child in your office already for a well-visit, or to complete a camp physicals, schools physicals, etc. consider offering immunizations at that time.
- Make sure to code the procedure accurately and timely.

Medicare Advantage

ADMINISTRATIVE

This information applies to BlueAdvantageSM HMO/PPO plans, excluding dual-eligible BlueCare Plus (HMO SNP)SM unless stated otherwise.

Avoid non-compliance services requiring prior authorization

Failure to meet prior authorization requirements can result in claims denial or reduced benefits for services. Remember that many of these requirements originate from the Centers for Medicare & Medicaid Services (CMS). CMS prior authorization guidelines are available at the following link:

Annual documentation for members receiving hemodialysis

To better coordinate coverage for dialysis services, beginning Aug. 1, 2015, nephrologists and dialysis providers are required to submit an End State Renal Disease Medical Evidence Report – Medicare Entitlement and/or Patient Registration (CMS-2728 form) each year for Medicare Advantage members receiving hemodialysis services. This form is located at http://www.cms.gov/Medicare/CMS-Forms/Downloads/CMS2728.pdf and should be faxed to Medicare Advantage Care Management at 1-888-535-5243.

Prior authorization update

Beginning Aug. 1, 2015, prior authorization will be required for BlueCare and TennCareSelect members for the following HCPCS Codes for implantable neurostimulator for chronic pain management:
- C1767: generator, neurostimulator (implantable), nonrechargeable
- C1778: lead neurostimulator (implantable)

New Medicare Advantage

Part B drugs

New injectable and infusible drugs are approved periodically by the Food and Drug Administration (FDA). These drugs are researched to determine if the drug is considered by the Centers for Medicare & Medicaid Services (CMS) to be a Part B or a Part D drug for benefit coverage.

The following are new Medicare Advantage Part B drugs that require prior authorization according to Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) criteria:

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Description</th>
<th>JCode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blincyto</td>
<td>Blinatumomab</td>
<td>J9999</td>
</tr>
<tr>
<td>Keytruda</td>
<td>Pembrolizumab</td>
<td>J9999</td>
</tr>
<tr>
<td>Lemitrada</td>
<td>Alemtuzumab</td>
<td>J3590</td>
</tr>
<tr>
<td>Opdivo</td>
<td>Nivolumab</td>
<td>J9999</td>
</tr>
</tbody>
</table>

The full list of 2015 Medicare Advantage Part B drugs that require prior authorization is available on our Medicare Advantage provider website at:

Reimbursement for oxygen equipment follows Medicare guidelines

As required by the Centers for Medicare & Medicaid Services (CMS), Tennessee Local Coverage Determination L11446 and the supporting policy article A33750 released in Oct. 2014, reimbursement for oxygen equipment is limited to 36 monthly rental payments. Payment for accessories, delivery, back-up equipment, maintenance and repairs is included in the rental reimbursement.

The supplier providing oxygen equipment for the first month must continue to provide any necessary oxygen equipment and all related items and services through the 36-month period. Content (oxygen) will continue to be reimbursed beyond the 36 months.

After 36-monthly rentals have been reimbursed there will be no further payment for oxygen equipment during the five year reasonable use lifetime of the equipment. The supplier who provided the equipment during the 36-month rental is required to continue providing the equipment during the five year reasonable use lifetime of the equipment.
In-home test kits available for homebound members

We know that getting to the doctor’s office can sometimes be a challenge for Medicare Advantage members. BlueCross offers in-home test kits for one of the most common screenings needed by Medicare Advantage members.

Our partnership with Home Access requires a simple telephone call to 1-866-435-4372 and the member will be mailed an in-home test kit for:
- fecal occult blood screening for colorectal cancer
- kidney function screening for diabetic patients
- HbA1c blood test for diabetic patients

The member then follows the instructions to mail the kit back to the vendor for lab testing. Written results are then shared with the provider and the member. The screenings are free to the member and count towards the provider’s practice quality rewards incentive for attributed members.

For more information on how to order an in-home test kit, contact Julie Thomas at (423) 535-6827.

Document weight assessment and counseling!

You’ve probably heard the old adage, “If it didn’t get documented, it didn’t get done.” This holds true for weight assessment and counseling. According to the Centers for Disease Control and Prevention (CDC), childhood obesity has more than doubled for children and tripled in adolescents in the past 30 years. Assessment and counseling related to weight play a key role in addressing this problem. However, monitoring this important health intervention is impossible unless you document! The National Committee for Quality Assurance measures the percentage of children ages 3 to 17 who receive the following during an outpatient visit:
- BMI percentile documentation
- Counseling for nutrition
- Counseling for physical activity

It is important that these services are being performed and documented.

Important tips and reminders:
- **Check boxes** on your paper encounter forms make it much easier to document.
- If you use Electronic Medical Records (EMR), be sure weight assessment and counseling documentation functions are active.
- Record BMI percentage (not absolute BMI) for children under 16 years of age.
- Date all forms.
- Document any materials related to diet and nutrition you may offer to your patients.

High-risk medications

BlueCross continually works to improve treatment outcomes and patient safety for members enrolled in its Medicare Advantage products (BlueCare Plus, BlueChoice and BlueAdvantage). The Centers for Medicare & Medicaid Services (CMS) endorses several important patient safety measures. One of these measures, high-risk medications, includes therapeutic categories linked with potential health risks when used by patients over age 65. Some of the most commonly prescribed high-risk medications include zolpidem, sucralfate, and hydroxyurea. BMI percentile documentation functions

We have also developed a list of the most common high-risk medications and therapeutic alternatives that you may consider. This reference is posted on our provider portal and can be accessed at http://bluecareplus.bcbst.com/docs/providers/High_Risk_Medication_Therapeutic_Alts.pdf
Do you need help in another language? ¿Habla español y necesita ayuda con esta carta?

Llámenos gratis al BlueCare
1-800-468-9698. Llámenos gratis al
TennCareSelect 1-800-263-5479.

العربية (Arabic); Bosanski (Bosnian);
كوردي - باديناني (Kurdish-Badinani);
كوردي - سؤراني (Kurdish-Sorani); Soomaali (Somali); Nguori Việt (Vietnamese); Español (Spanish) call 1-800-758-1638.

Federal and State laws protect your rights. They do not allow anyone to be treated in a different way because of: race, language, sex, age, color, religion, national origin, or disability. Need help due to health, mental health or learning problem, or disability; or do you need to report a different treatment claim? Call 1-800-468-9698 for BlueCare or 1-800-263-5479 for TennCareSelect to report discrimination compliance issues. For TTY help call 771 and ask for 888-418-0008.

* These changes will be included in the appropriate 3Q 2015 provider administration manual update.

Archived editions of BlueAlert are available online at <http://www.bcbst.com/providers/newsletters.shtml>.