



June 2015

# Blue<sup>+</sup>alert<sup>SM</sup>

## BlueCross BlueShield of Tennessee, Inc.

Applies to all lines of business unless stated otherwise

### Medical Policy 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 July 11, 2015

- Autonomic Nervous System Testing
- Brachytherapy Breast Cancer
- Responsive Neurostimulation for the Treatment of Refractory Partial Epilepsy

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

### ICD-10 self-help testing tools

Since President Barack Obama signed the [Medicare Access and CHIP Reauthorization Act of 2015](#), most health care organizations seem to be relieved. There were no ICD-10 delay provisions in the legislation. It appears

the transition to the updated code-set may actually happen on Oct. 1, 2015.

In our ongoing effort to prepare for the transition to ICD-10, BlueCross is reminding providers of our online, scenario-based ICD-10 testing tools. Providers will be able to choose ICD-10 codes for a number of different scenarios based on their specialty or type of facility. Since this testing program is web-based, online testing tools offer flexibility to be used anytime.

The professional provider testing tool consists of scenarios that are clinical narratives used for ICD-10 coding to detect valid and invalid codes. Providers can view results and compare their answers to other providers in the same specialty.

The institutional provider testing tool consists of medical record numbers that represent high dollar and high volume scenarios from previously processed ICD-9 claims. Providers can recode and compare the associated claims based on ICD-10 coding guidelines.

Check the ICD-10 page on our website <http://www.bcbst.com/providers/icd-10.page> for access to the ICD-10 testing tools. For questions about the tools and to test with us, please email us at [ICD10\\_GM@bcbst.com](mailto:ICD10_GM@bcbst.com).

### Behavioral Health Network being built

BlueCross will assume responsibility for behavioral health contracting and credentialing for its Commercial and Medicare Advantage lines of business beginning Jan. 1, 2016.

Contracts will be sent directly to behavioral health providers in the coming weeks. Professionals can begin preparing for the transition by visiting the website for the Council for Affordable Quality Healthcare, Inc. (CAQH) to ensure credentialing and profile information is complete and current. Please contact your local Behavioral Health Provider Network Manager with any questions.

### NOTICE: National Consumer Cost Transparency data now available

National Consumer Cost Transparency (NCCT) data is currently available for provider review on the BlueAccess<sup>SM</sup> portal. The Spring 2015 cost data review period will be open through June 27, 2015.

**Health information privacy**

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule, BlueCross BlueShield of Tennessee 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 records, 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 them to publish such notices prominently on their websites.**

**Health Reimbursement Account information**

Did you know that you can view member HRA information while checking benefits and eligibility? You will find the HRA Provider Quick Reference Guide on BlueAccess, BlueCross' secure area on its website.

*Note: Contact your eBusiness Marketing Representative for all your BlueAccess registration and training needs.*

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**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 the member's new ID card for additional information.

**FREE quality training for network providers**

BlueCross is offering a two-day class to promote health care quality. The training class is scheduled for Aug. 27 to 28, 2015, and will be held in the BlueCross BlueShield of Tennessee Community Room in Chattanooga, TN. The class is designed to help those planning to take the Certified Professional in Healthcare Quality (CPHQ) examination, and also delivers intermediate quality improvement content that can benefit anyone working in the field of health care quality.

The usual cost for this training is \$399, however BlueCross is offering the class to its network providers at no cost. Space is limited, so please contact us soon to register. To qualify for the training you must meet the following criteria:

- ✓ Must currently be employed in a role related to quality improvement or management
- ✓ Must currently be employed by a BlueCross BlueShield of Tennessee network provider
- ✓ Network providers will be limited to submitting two participants per group/facility for the 2015 class

To register e-mail [tawanda\\_malone@bcbst.com](mailto:tawanda_malone@bcbst.com).

**The BlueCross BlueShield Association expands Blue Distinction® Specialty Care Program**

BlueCross is pleased to announce that the Blue Distinction Specialty Care Program is expanding to include maternity care. Launching in 2016, this designation program will focus on the delivery episode of care, which includes both vaginal delivery and cesarean section.

Similar to other Blue Distinction Centers for Specialty Care programs, selection criteria for the Maternity Care program will be based on quality, business and cost criteria. The evaluation process will use publicly available measures, data sets and quality improvement information, together with cost information derived from BlueCross claims data. Therefore, facilities will not need to apply to be evaluated. After evaluations are completed, facilities will be notified if they meet the program's selection criteria. This is expected to occur in Fall 2015.

A Blue Distinction Center or Blue Distinction Center+ designation signals to your community, patients, and physicians that your facility is committed to quality care, resulting in better overall outcomes for maternity patients. It also offers opportunities for your facility to collaborate with BlueCross to promote the designation locally. On a national level, BlueCross BlueShield Plans and the BlueCross BlueShield Association actively promote Blue Distinction Centers to nearly 104 million members through nationwide public relations efforts, recognition in the National Doctor and Hospital Finder, Blue Distinction Center Finder, and in other communications.

Blue Distinction Specialty Care is a national designation program recognizing health care facilities that demonstrate expertise in delivering quality specialty care safely, effectively and cost efficiently. This program includes two levels of designation:

- Blue Distinction Center: Health care facilities recognized for their expertise in delivering specialty care.
- Blue Distinction Center+: Health care facilities recognized for their expertise and cost efficiency in delivering specialty care. Quality remains key: only those facilities that first meet nationally established, objective quality measures for Blue Distinction Centers will be considered for designation as a Blue Distinction Center+.

For more information, visit [www.bcbst.com](http://www.bcbst.com).

**Obstetric anesthesia\***

Obstetric anesthesia for a planned vaginal delivery (01967) that ends in a Cesarean Section delivery (01968) is to

be billed on a single claim form using the date of delivery as the date of service. Add-on codes are always performed in addition to the primary service or procedure and must never be reported as a stand-alone code on a separate claim. Add-on codes submitted with no primary code or a different date of service will result in rejection and non-payment of the add-on code.

Obstetric anesthesia services involving more than one provider (e.g. two physicians or two CRNAs) for the same episode are to be submitted on a single claim with the date of delivery as the date of service.

**Transcranial Magnetic Stimulation reimbursement \***

Studies have shown that Transcranial Magnetic Stimulation (TMS) treatment may prove successful for reducing symptoms in patients suffering from Major Depressive Disorder (MDD). In order to provide our members with the broadest range of available care, effective July 1, 2015, TMS will be listed as a covered service for all BlueCross business lines. Now we need your help to help ensure treatment is billed properly by:

- Only offering TMS for patients with confirmed cases of MDD, excluding pregnant women and children younger than 18 years of age.
- Ensuring all TMS therapies are administered by a licensed psychiatrist.
- Seeking authorization prior to treating a patient using TMS.
- Applying appropriate CPT® codes for the date of service (DOS) (currently 90867, 90868 and 90869) when reporting cases of TMS treatment.
- Using revenue codes (RCs): 0510, 0513 and 0920 in conjunction with appropriate CPT® codes when services are initiated in an inpatient

setting. Please note that charges for TMS filed by a facility during inpatient care are included in the inpatient reimbursement and are **not** paid separately.

Additionally, please review the Reimbursement Policy for Transcranial Magnetic Stimulation, which will appear in the third quarter update to the *BlueCross BlueShield of Tennessee Provider Administration Manual*.

Following these guidelines for TMS therapy will establish consistent reimbursement guidelines, while offering a superior level of care for patients. We appreciate your help and cooperation as we continue to expand our list of covered services.

*CPT® is a registered trademark of the American Medical Association.*

**Low back pain**

BlueCare Tennessee is committed to supplying health care providers with important information that supports appropriate utilization of diagnostic imaging studies for low back pain. Clinical guidelines indicate that diagnostic imaging is not necessary for most patients with new-onset low back pain and exposes them unnecessarily to potentially harmful ionizing radiation.

According to the American College of Radiology, uncomplicated low back pain is a benign, self-limited condition that does not warrant any imaging studies. The majority of patients with the condition are back to their usual activities in 30 days. Imaging is considered clinically indicated in patients without improvement after six weeks and for those with a diagnosis of cancer, recent trauma, neurological impairment or intravenous drug abuse.

The challenge for the clinician, therefore, is to distinguish the small segment within this large patient population that should be evaluated

further because of suspicion of a more serious problem. Guidelines from the American College of Physicians and the American Pain Society emphasize a focused history and physical examination; reassurance; initial pain management medications, if necessary; and consideration of physical therapies without routine imaging in patients with nonspecific low back pain. Please be sure to code any secondary or co-morbid condition on claims for imaging tests with a primary diagnosis of low back pain.

**Reminder: Billing for Air Ambulance services**

As of May 15, 2015, claims for Air Ambulance Services must be submitted to the BlueCross plan based on the point of pick-up ZIP code rather than the BlueCross BlueShield plan based on your office location.

When billing for these services, submit the ZIP code in Block 32 of the CMS-1500 paper claim form. For ANSI-837p electronic submissions, report the ZIP code in Loop 2310E Segment N4. Claims will be rejected and returned if there is no ZIP code on either of the forms. These claims will also be rejected if the zip code populated in one of the two fields noted above is outside of Tennessee.

If you have questions, please contact your local Provider Relations Consultant.

**Reminder: Credentialing requirements**

Professional providers are reminded to update and maintain current information with CAQH®. With the following required information completed and kept up to date, the credentialing process should be seamless:

- Attest to the accuracy of your information with CAQH every 120 days
- Current Certificate of Insurance (BlueCross cannot accept a Declarations Page)
- BlueCross requires call coverage – please complete this section on CAQH
- If the practitioner does not admit to a hospital – BlueCross requires the name of the person authorized to admit for the practitioner
- Complete work history with any gaps in work history explained
- Nurse Practitioners/Physician Assistants: Please upload professional certifications to CAQH.

**BlueCare Tennessee**

**This information applies to BlueCare and TennCareSelect plans, excluding dual-eligible BlueCare Plus (HMO SNP)<sup>SM</sup> unless stated otherwise**

**Are you seeing your assigned members?**

We are proud to offer you access to the BlueCross BlueShield of Tennessee Primary Care Provider (PCP) Member Roster application. The application is accessible to providers through our secure provider portal, BlueAccess. The PCP Member Roster application has new functionality including searching for providers tied to a group, export and print capabilities. The data is updated weekly.

**If the member’s ID card does not show the correct PCP assignment, members can print a temporary member ID card to use while they are waiting on a copy of their permanent card. Before denying the patient access to your services, please verify eligibility on BlueAccess and remind them of the temporary ID card feature. It is**

important for PCPs to help coordinate our members’ health care needs. As a BlueCare Tennessee PCP, it is your responsibility to verify any BlueCare/TennCareSelect member you see is assigned to your patient listing or to another participating PCP in your group *prior to treatment*.

When you treat a member that is not on your PCP Member Roster you will see code WW3 on your remittance advice. Beginning Aug. 1, 2015, this service will be denied when you treat a member that is not assigned to you, a physician in your office or your on-call physician.

**Tobacco cessation**

According to the 2014 Consumer Assessment of Healthcare Plans and Systems (CAHPS) survey, 24 percent of members reported using tobacco each day—a **1.6 percent increase over 2013**. Additionally, only 23.4 percent of members who smoke every day or some days reported that their doctor advised they quit using tobacco within the last 12 months.

Follow these tips to help patients kick the nicotine habit:

- Take the time to ask patients who smoke if they are interested in quitting when you visit with them. Engaging patients in a conversation about quitting can be a vital first step toward cessation.
- Provide prescriptions for over-the-counter cessation aids. In some cases, pharmacists instruct patients to discuss cessation with a provider, but do not indicate that a prescription is required to attain nicotine cessation products.
- Suggest alternative agents for patients who experience side effects with cessation aids.
- **DO NOT** suggest or promote the use of e-cigarettes as smoking-cessation aids. These products are

not FDA approved for smoking cessation and any evidence suggesting they are is unproven.

- Direct patients to the Tennessee Tobacco QuitLine at 1-800-Quit-Now (1-800-784-8669) or [www.tnquitline.com](http://www.tnquitline.com) for cessation support or counseling resources.

If you have questions about BlueCare Tennessee members and smoking cessation, please consult the Frequently Asked Questions document at <http://bluecare.bcbst.com/Providers/Provider-Education-and-Resources/Training-and-Tools.html>, call Magellan Health Services at 1-866-434-5524 for prior authorizations or e-mail [TNProviderEducation@magellanhealth.com](mailto:TNProviderEducation@magellanhealth.com).

**Reminder: FREE Continuing Medical Education hours! Behaviorally Effective Healthcare in Pediatrics online modules**

The Behaviorally Effective Healthcare in Pediatrics (BEHIP) training program is offering **free online Continuing Medical Education (CME) credit!** Modules provide pediatric health care providers with tools and strategies to screen for, assess and manage patients with common behavioral health concerns. The eight modules range in time from 30 minutes to one hour, covering the following topics:

- Introduction to Behavioral Health in Pediatrics
- Postpartum Depression
- Disruptive Behavior and Aggression
- Inattention
- Anxiety
- Depression
- Substance Abuse
- Coding & Workflow for Behavioral Health

This training opportunity is offered by the Tennessee Chapter of the American Academy of Pediatrics. BEHIP is funded with the support of BlueCare Tennessee.

*This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of Vanderbilt University School of Medicine and the Tennessee Chapter of the American Academy of Pediatrics. Vanderbilt University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.*

For more information, please contact TNAAP Training Coordinator Rebecca Robinson at [rebecca.robinson@tnaap.org](mailto:rebecca.robinson@tnaap.org).

**Reminder: Prior authorization requirement for hyperbaric oxygen therapy**

Prior authorization is required for BlueCare and TennCare>Select members for hyperbaric oxygen therapy. As of Jan., 1, 2015, procedure code C1300 was replaced by GO277 for this therapy.

**Medicare Advantage ADMINISTRATIVE**

**This information applies to BlueAdvantage<sup>SM</sup> HMO/PPO plans, excluding dual-eligible BlueCare Plus (HMO SNP)<sup>SM</sup> unless stated otherwise**

**June is Arthritis Awareness month**

June is Arthritis Awareness month and a good time to focus on Rheumatoid Arthritis Management as part of the

Centers for Medicare & Medicaid Services (CMS) STAR quality rating.

The Rheumatoid Arthritis Management measure focuses on individuals with more than one visit, but different dates of service between Jan. 1 and Nov. 30 of the measurement year.

Patients must also meet the following criteria:

- One or more outpatient visits with any diagnosis of rheumatoid arthritis
- One or more non-acute inpatient discharges with any diagnosis of rheumatoid arthritis

Of the patients meeting the criteria mentioned above, there must be a claim for at least one ambulatory prescription dispensed for a disease-modifying anti-rheumatic drug during the measurement year.

We support you in reminding your patients to fill their prescriptions, especially those related to rheumatoid arthritis treatment, to improve or maintain a high quality of life.

**UPDATE: Medicare Advantage peer-to-peer review prompts just got easier**

Phone prompts for scheduling a physician peer-to-peer review for a Medicare Advantage member just got easier. The simplified menu is faster to navigate to help you set up a review and get back to your patients faster.

1. Call 1-800-924-7141.
2. Choose voice by saying “voice” or pressing 1.
3. Select option 1 for providers.
4. Enter your provider ID, NPI or Tax ID.
5. Enter your contact phone number.
6. Press 1 for information on a specific member.
7. Listen to the disclaimer.

8. Say the Member ID number including alpha prefix and verify by pressing 1.
9. Enter the member's date of birth
10. Press 3 for prior authorization and case management.
11. Press 6 to set up a peer-to-peer conversation.

**Register with BlueAccess to view your quality data**

The Provider Performance Module is the easiest way to view and update information related to your quality scores for your attributed BlueAdvantage members. If you are not registered for BlueAccess, you can do so by following the instructions listed at the link below.  
<https://www.bcbst.com/secure/providers/IS-379.pdf>

**Pharmacy savings for BlueElite<sup>SM</sup> members**

Your BlueElite patients have special access to our Discount Drug Card Program. When patients present their BlueElite card at a participating pharmacy, they will receive the BlueCross negotiated price for their prescriptions.

For a list of participating pharmacies, call the BlueCross Provider Service Line at 1-800-924-7141.

**Reminders:**

- This discount is **not** a Part D benefit and **does not** apply if the patient has a separate Stand-Alone Prescription Drug Plan.
- Ask each patient who administers their Prescription Drug Benefits.
- BlueElite patients without a Part D plan are not eligible for mail-order pharmacy.

**Reminder: Refer lab work to a participating lab provider**

Providers are reminded to use in-network options for all laboratory services for BlueAdvantage members, unless the specific laboratory test is not available from a participating lab provider. This includes genetic testing that is covered by Medicare. If the provider refers testing to a non-participating lab and the test was available through a participating provider, then this cost may be the provider's and not the member's responsibility through reconciliation.

**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);  
 كوردی - بادینانی (Kurdish-Badinani);  
 کوردی - سۆرانی (Kurdish-Sorani); Soomaali (Somali); Người 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 2Q 2015 provider administration manual update.

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

**†Provider Service lines**

**Featuring "Touchtone" or "Voice Activated" Responses**  
**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.

**Commercial Lines 1-800-924-7141**  
 Monday–Thursday, 8 a.m. to 5:15 p.m. (ET)  
 Friday, 9 a.m. to 5:15 p.m. (ET)

**AccessTN/Cover Kids 1-800-924-7141**  
 Monday–Friday, 8 a.m. to 6 p.m. (ET)

**BlueCare 1-800-468-9736**  
**TennCareSelect 1-800-276-1978**  
**CHOICES 1-888-747-8955**  
**BlueCare Plus<sup>SM</sup> 1-800-299-1407**  
**BlueChoice<sup>SM</sup> 1-866-781-3489**  
**SelectCommunity 1-800-292-8196**  
 Available 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–Thursday, 8 a.m. to 5:15 p.m. (ET)  
 Friday, 9 a.m. to 5:15 p.m. (ET)

**BlueAdvantage 1-800-841-7434**  
**BlueAdvantage Group 1-800-818-0962**  
 Monday–Friday, 8 a.m. to 5 p.m. (ET)

**eBusiness Technical Support**  
 Phone: Select Option 2 at (423) 535-5717  
 e-mail: [eBusiness\\_service@bcbst.com](mailto:eBusiness_service@bcbst.com)  
 Monday–Thursday, 8 a.m. to 5:15 p.m. (ET)  
 Friday, 9 a.m. to 5:15 p.m. (ET)