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 Nov. 14, 2015

- Endovascular Therapies for Extracranial Vertebral Artery Disease (New)
- Sublingual Liquid Immunotherapy (New)
- Upper Limb Myoelectric Orthosis (New)
- Vagal Nerve Blocking Therapy for Treatment of Obesity (New)

Effective Nov. 18, 2015

- Intensity-Modulated Radiotherapy of the Breast and Lung (New)
- Ofatumumab (Revision)
- Pembrolizumab (Revision)

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

New Drug Added to Commercial Specialty Pharmacy Listing

Effective Oct 1, 2015, the following drug has been added to our Specialty Pharmacy drug list. Drugs requiring prior authorization are identified by (PA).

Self-administered via pharmacy benefit: Orkambi (PA)

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, followed by 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.

HRA Tip

You can easily find Health Reimbursement Arrangement (HRA) information on the Patient Information page of BlueAccess at http://www.bcbst.com/

Simply log in and go to the Service Center. Click on Patient Inquiry to search for your patient. When you click on the patient’s name, the Patient Information page shows all of your patient’s health benefit information, including HRA information (if your patient selected this benefit option). You can also use the quick reference guide for HRA that is located in the Service Center under the Demos and Tutorials section. If you have questions or need technical support, please call eBusiness Solutions†.

Medication Adherence for ADHD Patients

Your help is needed. Attention-deficit/hyperactivity disorder (ADHD) is the most common neurobehavioral childhood disorder. Patient response to ADHD medication can vary. That is why it is critical to schedule timely follow-up visits with patients who have been newly prescribed ADHD medication.

What can you do? You play an essential role in developing and ensuring patient/parent trust by offering and maintaining high quality care by:

1. Conducting a follow-up visit within 30 days of a new prescription. For better patient compliance, consider scheduling the appointment while the patient is in your office.
NOTE: A lapse in prescription refill greater than 120 days should be considered a new prescription and requires an additional 30-day follow-up visit. This is more common after summer break.

2. When writing prescriptions for new ADHD medication therapy, consider writing only a 30-day prescription. If prescription refills are written for more than 30 days remember to schedule the two additional required follow-up appointments at the time each refill is due. After the first 30-day follow-up visit, you can conduct one of the two continuation follow-up visits via phone consultation as long as it is coded appropriately when billed.

3. Ask the parent what amount of medication they already have on hand if a 90-day prescription is written.

4. Provide educational materials to parents.

5. Suggest a behavioral health consultation if medication alone is not managing their child’s behavior.


If you feel your patient may benefit from Behavioral Health Services call the PCP Referral Line for BlueCare Tennessee members at 1-800-367-3403 or for Commercial members call 1-800-888-3773.

Screening vs. Diagnostic Mammography

Screening mammography is provided for the early detection of breast cancer in asymptomatic women according to multiple sources, eg. AMA, AAPC, AHIMA and CMS. When a diagnostic mammogram is performed, there should be a physician’s order, signs and symptoms, or a personal history warranting the procedure.

During a screening mammogram, two views are obtained of each breast. Although women with elective/cosmetic implants require at least one additional view to adequately check for abnormalities, the number of views or the presence of cosmetic implants does not automatically justify coding a diagnostic mammogram rather than a screening.

Billing should be based on the intent of the procedure. If the mammogram is performed for the early detection of breast cancer, the procedures should be coded as a screening. If a procedure is due to signs and symptoms of possible breast cancer, a previous abnormal screening mammogram, a personal history of breast cancer, or a personal history of biopsy-proven benign breast disease, billing for a diagnostic mammogram would be appropriate.

At-Home Test Kits Can Help Lower Risk for Colon Cancer

Colon cancer is the second leading cause for cancer deaths in America. It is also one of the most preventable. To help manage chronic health issues and encourage members to receive the screening, BlueCross has developed a program that will provide at-home test kits to screen for colorectal cancer. The fecal immunochemical test (FIT) kits are being offered through the Colorectal At-Home FIT Kit Program to Commercial members aged 50 to 75 years that have not received this test based on our medical claims data.

How does it work? In September, the identified Commercial members will receive a program introduction letter followed by a phone call inviting them to officially enroll. Those enrolled in the program will receive an at-home FIT kit (collection kit) in the mail. The kit includes instructions, supplies needed to complete the test and a postage-paid, return envelope. You can enroll our Commercial members that are lacking the test in this program by calling the Customer Service number on back of the member’s ID card.

BlueCross has partnered with LabCorp who will read the tests and send the results to our members. In addition, the member’s Primary Care Practitioner (PCP) will receive the lab results. We encourage you to initiate follow-up with members whose test results are positive or inconclusive.

Reminder: Obstetric Anesthesia

Obstetric anesthesia for a planned vaginal delivery (01967) that ends in a C-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 standalone code on a separate claim. Add-on codes submitted with no primary code or a different date of service result in rejection and non-payment of the add-on code. In those cases with obstetrical anesthesia for the planned vaginal delivery beginning on one day and the actual caesarean delivery on the following day, dates of service for both codes should have the same from and through date, i.e. from beginning of anesthesia through to the completion.

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

Reminder: Plain language

Plain language is part of a national program to encourage health care providers to promote health literacy among their patients by ensuring they understand written and oral health information.

Many informed consent forms and medication package inserts are written at high school level or higher, while the average patient reading level is closer to sixth grade. Most patients will not tell you they do not understand.

Using plain language allows your patients to understand their treatment plans, know how to take their prescriptions properly, and better follow your instructions. This is also important for your patients who do not speak English as their primary language. For additional information on Health Literacy, please refer to the Department of Health and Human Services website at http://www.hrsa.gov/publichealth/healthliteracy/.
Reminder: Flu Season Coming Soon

It is important that you take the appropriate preventive care measures to protect your patients during this time of year. Please educate all patients or parents of children older than 6 months of age on the importance of getting the yearly flu vaccine.

Because patients 65 and older are at greater risk for serious complications from the flu, they have the option to receive the standard vaccine or a newer higher-dose vaccine. The higher-dose vaccine is 24 percent more effective for people in this age group, according to The New England Journal of Medicine.

Please make every effort to schedule your high risk patients for a flu shot as early as possible to prepare for the flu season. To avoid missed opportunities for vaccination, offer immunizations during routine health care visits and hospitalizations once the vaccine is available.

Home Health Request for Information

BlueCross BlueShield of Tennessee released a Request for Information (RFI) on Oct. 1, 2015, seeking provider input, suggestions and feedback to improve quality and efficiency of home health services across all lines of business. This RFI will empower providers with information that will demonstrate their capabilities to improve members’ health outcomes, increase patient satisfaction, control expenditures, and propose creative, competitive solutions for value-added services leveraging home health. The response timeline for this RFI is as follows:

<table>
<thead>
<tr>
<th>Action</th>
<th>2015 Date</th>
<th>Time (ET)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFI Issued to Providers</td>
<td>Oct. 1</td>
<td>9 a.m.</td>
</tr>
<tr>
<td>Return of intent to respond and CNDA</td>
<td>Oct. 9</td>
<td>5 p.m.</td>
</tr>
<tr>
<td>Receipt of questions</td>
<td>Oct. 16</td>
<td>5 p.m.</td>
</tr>
<tr>
<td>BlueCross responses to questions</td>
<td>Oct. 21</td>
<td>5 p.m.</td>
</tr>
<tr>
<td>RFI response due</td>
<td>Oct. 30</td>
<td>5 p.m.</td>
</tr>
</tbody>
</table>

The RFI document is available at www.bcbst.com/providers.

High-Tech Imaging Program Changes

As of Oct. 1, 2015, you will notice a few changes to the process for submitting prior authorizations for High-Tech Imaging Services. Beginning on this date, prior authorizations should be submitted online via BlueAccess at www.bcbst.com/blueaccess. You can also submit requests by calling 1-888-693-3211 or by faxing to 1-888-693-3210.

You will find a reference guide with step-by-step instructions, on the new web submissions process available in BlueAccess. Fax forms and the code list can also be found at http://www.bcbst.com/providers/hti/.

Please note that during the timeframe of Oct. 1, 2015, through Dec. 31, 2015, these submissions will be limited to one CPT code per authorization number which will increase your volume of correspondence during this time.

Musculoskeletal Management Program Change

Beginning Nov. 1, 2015, prior authorizations for Musculoskeletal (MSK) services can be submitted online via BlueAccess at www.bcbst.com/blueaccess, via phone at 1-866-747-0586 or via fax at 1-866-747-0587. Beginning on this date, BlueCross will be partnering with OrthoNet to administer MSK management services for Commercial and MedAdvantage members.

You will find all reference materials, including a code list, fax forms and reference guide with step-by-step instructions, on the new web submissions process located within BlueAccess. Fax forms and the code list can also be found at http://www.bcbst.com/providers/utilization-resources.page.

Reminder: ICD-10 Compliance Date October 1, 2015

The transition to the updated code-set occurs on Oct. 1, 2015. Check our website at http://www.bcbst.com/providers/icd-10.page for information regarding ICD-10 or email us at ICD10_GM@bcbst.com.
Getting the Best Impression

The first person your patients usually see is your medical receptionist. The journal, Social Science and Medicine, published a study on their work and found receptionists are not just the “gatekeepers” or “person behind the desk.” Their responsibilities often extend way beyond their administrative duties. They are a vital part of patient care.

Medical receptionists deal directly with everyone coming into your office, from patients to pharmaceutical representatives, mail men, lab couriers, etc. In addition to their administrative functions, they may confirm prescriptions with an angry patient, congratulate a new mother, console a patient whose spouse just died or help a mentally ill patient make an appointment. A significant portion of their work involves managing the emotions and care of patients and families. Medical receptionists are a key part of the relationship between patients and doctors, and patients’ feelings about the receptionist may be reflected in their opinions of their doctor.

See the latest Commercial Code Bundling Rules and Professional Reimbursement Rule Indicators and RBRVS Relative Value Units (RVUs).

BlueCare Tennessee

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

Care for SelectKids Members Without a PCP

Since the new requirements for members to visit their assigned PCP for care went into effect Aug. 1, providers have asked questions about billing care for SelectKids members who do not have an assigned PCP. SelectKids members are only assigned to a primary care provider (PCP) after BlueCare Tennessee receives official eligibility from the Bureau of TennCare. Until these members have an assigned PCP, they may visit any TennCareSelect or Best Practice Network (BPN) provider.

Reminder: TENNderCare is Now Called TennCare Kids

Tennessee is committed to promoting good health in children from birth until age 21. For many years, the program was known as TENNderCare, but it’s now called TennCare Kids. The only thing that has changed is the name. TennCare Kids is a full program of checkups and health care services for children who have TennCare coverage. These services make sure that babies, children, teens and young adults receive the health care they need. Good health begins at birth, so please encourage your patients/parents to check in, check-up and check back.

Help Your TennCare Kids Patients Find a Dentist

Your TennCare Kids patients may ask or you may see a need for them to visit a dentist. DentaQuest is the dental plan for TennCare enrollees under the age of 21. If they need help finding a dentist, scheduling an appointment or assistance with any dental services, please let them know to contact DentaQuest online at http://www.dentaquest.com/ or by calling DentaQuest customer service at 1-855-418-1622. The toll-free number for the hearing impaired is TTY/TDD 1-800-466-7566.

Online Resources for Your Patients

TennCare Kids Connection
Find important and helpful information about using the TennCare Kids program at http://tn.gov/tenncare/topic/tenncare-kids-connection

KidCentral.tn
With busy schedules, parents often find themselves out of touch with the latest updates from state departments. Invite your patients to receive twice-monthly emails from kidcentral.tn. After signing up, they will receive timely, helpful news for Tennessee families.

Laboratory Exclusions

BlueCare Tennessee has renewed their exclusive agreement with Quest Diagnostics for laboratory services with no changes to the exclusions at this time.

TennCare’s Preferred Drug List to Change October 1

TennCare is making changes to the preferred drug list (PDL), some of which will take effect Oct. 1, 2015. Some medications your patients are now taking may be non-preferred agents in the future. Please inform your patients who are on these medications that switching to preferred products will decrease delays in receiving their medications.

Click here to view a summary of PDL changes. http://bluecare.bcbst.com/Providers/notice/Provider_Notice_for_100115.pdf

Medication Adherence with Statins

BlueCare PlusSM Care Coordinators are making calls to members who have been diagnosed with hyperlipidemia and have been prescribed statins but are not maintaining medication adherence to the statin. There are many factors that contribute to non-adherence, but the effect is always the same – members are putting their health at risk. We need your support in promoting member medication adherence to statins. As a health care professional, you are in a critical position to help members understand the vital role medication plays in managing a chronic condition such as hyperlipidemia.

Here are some tips on how to encourage adherence and find out if members are having trouble taking medications:

- When prescribing a new drug, explain the purpose of the medication, the name, anticipated adverse effects, frequency of administration and dosing. Have members "teach back" the information and ask questions about what they do not understand.
Follow up with members by asking about medication adherence behavior at every visit. Stress the effects of failing to take medications. Members respond strongly to messages about the health consequences of non-adherence, the eventual impact on their families and the value of taking control of their illness.

Notification Requirement Change for Outpatient Physical Therapy *

As of Sept. 1, 2015, BlueCare and TennCareSelect now require notification for the initial 12 outpatient physical therapy visits for members age 21 and older. Notification must include demographic and clinical information and indicate who will be performing the services. This information is necessary for accurate claims processing and payment. Requests for notification are not subject to prospective medical necessity review, but may be subject to retrospective review based on medical policy and medical necessity. All services provided by out-of-network providers require prior authorization. You may notify us of the initial 12 outpatient physical therapy visits by phone or by faxing the required information. Look for auto web authorization coming soon.

Timely Submission of Prior Authorization or Notification Request*

Effective immediately, timely submission of a prior authorization request for BlueCare Tennessee and CoverKids members admitted into the hospital directly from the physician’s office no longer requires authorization before the member arrives at the hospital. Authorization is required within 24 hours or the next business day from the admission date. All other requirements for timely submission will remain the same including elective and emergency admissions.

Training for Providers of Individuals with Intellectual/Developmental Disabilities

In keeping with our commitment to provide training opportunities for Primary Care and other providers regarding the unique needs of persons with intellectual/developmental disabilities (I/DD), look for upcoming articles in BlueAlert. Beginning in 2016, BlueCare Tennessee will keep you informed of training opportunities available each quarter from various sources across the State.

Reminder: Patient Billing

There are times when it may or may not be appropriate to bill your patients directly. Please refer to the BlueCare Tennessee Provider Administrative Manual for complete information regarding medical billing. See also TennCare Policy PRO 08-001 at https://www.tn.gov/assets/entities/tenncare/attachments/pro08001.pdf

- Class 17 (Medicare/Medicaid dual eligible) members may not be billed for coinsurance and deductibles.
- Providers may not bill a member for services that were denied based on late claims submission.
- If a denial is based on a referral, or determination was made that there was no referral on file, the Provider may not bill the member or plan.
- Members may not be billed for services that BlueCare Tennessee does not consider medically necessary.
- Providers may not bill the member for charges that exceed the member’s liability.
- Providers may not bill the member for the transfer of medical records from one provider to another provider.
- For non-emergent care, providers may only bill patients for normal TennCare co-payments.
- Providers may not bill members for missing a scheduled appointment.
- Providers may seek payment from a person whose TennCare eligibility is pending at the time services are rendered if the provider informs the person that TennCare assignment will not be accepted, whether or not eligibility is established retroactively. Providers may bill such persons at the provider’s usual and customary rate for the services rendered. However, all monies collected for TennCare-covered services rendered during a period of TennCare eligibility must be refunded when a claim is submitted to TennCare if the provider agreed to accept TennCare assignment once retroactive TennCare eligibility is established.

Medicare Advantage

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

Did you know? Inpatient Only Code List Available


Importance of Immunizations for Seniors

Our Medicare Advantage members with chronic conditions have recently received a postcard from BlueCross encouraging them to get their annual flu shot. As you know, the flu shot is a critical part of ensuring your patients stay healthy during the flu season. It is doubly important for seniors with a chronic illness who are both more susceptible and who often experience serious complications if they do get the flu.

It is also recommended that adults ages 65 and older receive both forms of the pneumococcal vaccine (PCSV23 and PCV13). Please talk with your patients about whether or not a pneumonia vaccine is right for them.

Think Your Patients Want to Feel 25 Years Younger? Encourage Physical Activity

Researchers in Norway created a simple on line
Like you, we want our members to remain independent throughout their lives. A healthy level of physical activity can help them stay that way by maintaining coordination and mental acuity, building stronger bones, promoting heart health and reducing BMI.

Please take the time to ask your patients if they have any questions about the appropriate amount of physical activity and remind them that a free SilverSneakers® gym membership is included in their BlueCross plan.

SilverSneakers® is a registered mark of Healthways, Inc. Healthways is an independent company that provides fitness services for BlueCross BlueShield of Tennessee.

Web Submissions for Durable Medical Equipment are Now Available

To make prior authorization requests for Durable Medical Equipment (DME) more efficient and easier for you, BlueCross Senior Care Division is now accepting DME submissions via BlueAccess. You may submit up to 30 HCPCS codes and up to five attached medical records or Certificates of Medical Necessity (at least one medical record or CMN is necessary). For additional information about the submission process, please contact your eBusiness Marketing Consultant.

West Tennessee – Debbie Angner
Phone: (901) 544-2285
Email: Debbie_Anger@bcbst.com

Middle Tennessee – Faye Mangold
Phone: (423) 535-2750
Email: Faye_Mangold@bcbst.com

East Tennessee – Faith Daniel
Phone: (423) 535-6796
Email: Faith_Daniel@bcbst.com

* These changes will be included in the appropriate 4Q 2015 provider administration manual update.

October is Breast Cancer Awareness Month

Women between the ages of 50 and 74 should have a mammogram every two years. For BlueCross members, this screening is included in their benefit plan at no cost to the member. Female members may also be eligible for a reward from BlueCross for having this screening. Please help us encourage your female patients who have not had the breast cancer screening to have a mammogram by the end of the year.

Do you need help in another language? ¿Habla español y necesita ayuda con esta carta?

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

Arabic: ئوردى – بادغیس
Bosnian: ćurđić – Босански
Kurdish-Badinan: کوردی – سۆرانی
Kurdish-Sorani: سۆرانی
Somali: Soomaali (Somali)
Vietnamese: Nhờ Việt (Vietnamese)
Spanish: Español (Spanish)

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.

Provider Service lines

Featuring “Touchtone” or “Voice Activated” Responses

Note: If you have moved, acquired an additional location, changed your status for accepting new patients, or made other changes to your practice:
- Call the BlueCross Provider Service line, 1-800-924-7141, and choose the “touchtone” option or just say “Network Contracts or Credentialing” when prompted, to easily update your information; and
- Update your Provider profile on the CAQH Proview™ website.

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 Plusw 1-800-299-1407
BlueChoicew 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
Monday–Thursday, 8 a.m. to 5:15 p.m. (ET) Friday, 9 a.m. to 5:15 p.m. (ET)

Archived editions of BlueAlert are available online at http://www.bcbst.com/providers/newsletters/index.page?.