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 Feb. 14, 2016
- Ecallantide (New)
- Filgrastim/Pegfilgrastim (Revised)
- Magnetic Resonance Imaging (MRI) of the Breast (Revised)

Effective Feb. 20, 2016
- Carfilzomib (Revised)
- Elosulfase Alfa (Revised)
- Golimumab for Intravenous Infusion (Revised)
- Ramucirumab (Revised)

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

Utilization Management Guideline Updates/Changes
BlueCross BlueShield of Tennessee’s website has been updated to reflect upcoming changes to select Utilization Management Guidelines. These upcoming changes to the UM Guidelines can be viewed on the Utilization Management Web page.

Effective Feb. 20, 2016
BlueCross BlueShield of Tennessee will begin using MCG Care Guidelines® 19th edition for the following guidelines.

The following Utilization Management Guidelines related to Rehabilitative Care will be archived:
- Inpatient Rehabilitation Admissions UM Guidelines
- Skilled Nursing (SNF) Admission UM Guidelines

The following Utilization Management Guideline related to Inpatient Surgical Care will be archived:
- Sacral Colpopexy, Abdominal Approach

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

New Drugs Added to Commercial Specialty Pharmacy Listing
Effective Jan. 1, 2016, the following drugs have been added to our Specialty Pharmacy drug list. Drugs requiring prior authorization are identified by (PA).

Provider-administered via pharmacy benefits:
- Empliciti (PA)
- Onivyde (PA)
- Imlygic (PA)
- Mircera (PA)
- Nucala (PA)
- Portrazza (PA)
- Yondelis (PA)

Self-administered via pharmacy benefit:
- Daklinza (PA)
- Daraprim (PA)
- Keveyis (PA)
- Lonsurf (PA)
- Mircera (PA)
- Ninlaro (PA)
- Odomzo (PA)
- Praulent (PA)
- Repatha (PA)
- Tagrisso (PA)
- Xenazine(PA)

Providers can obtain prior authorization for:
- Provider-administered drugs that have a valid HCPCS code by logging onto BlueAccessSM, 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.

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**CMS Changes for Toxicology Testing**

All BlueCross lines of business will follow the Centers for Medicare & Medicaid Services (CMS) 2016 coding changes for drug presumptive and definitive testing, which include appropriate coding for the four tiers of definitive testing. Code G0478 has also replaced code G0434 on the Quest BlueCare Exclusion List.

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**New Regulations to Improve Provider Directory Data Quality**

Beginning Jan. 1, 2016, a new regulation from the Centers for Medicare & Medicaid Services (CMS) will require Medicare Advantage and Medicare-Medicaid health plans to maintain more current, accurate provider directories. Health plans are required to contact participating health care providers on a quarterly basis to review, update and confirm their information in provider directories.

The Council for Affordable Quality Healthcare (CAQH) is helping health plans and providers meet these requirements by using CAQH ProView™, which dramatically streamlines the credentialing process.

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**Gender Reassignment Surgery**

Effective Jan. 1, 2016, gender reassignment surgery is now a covered benefit for certain commercial, fully-insured groups and requires prior authorization.

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**Provider Service Hours Extended**

Beginning in January, Provider Service Phone Lines for our Commercial lines of business, as well as eBusiness Technical Support and BlueCard, will be available to you until 6 p.m. (ET), Monday through Friday. This change has been made to provide better service and availability to our provider community.

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**Update: BlueCross Behavioral Health Network**

The BlueCross BlueShield network of Tennessee Behavioral Health network is effective Jan. 1, 2016.

BlueCross Medicare Advantage and Commercial members are impacted by this change with the exception of two accounts, Nissan and State of Tennessee, which will still use the Magellan behavioral health network. Providers who elected not to participate in the BlueCross network have been notified about the 120-day member transition period.

More information on the BlueCross Behavioral Health network, including a recorded webinar, is available at [http://www.bcbst.com/providers/Behavioral-Health-Network.page](http://www.bcbst.com/providers/Behavioral-Health-Network.page). If you have any questions about this transition, please contact your behavioral health network manager.

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**Reminder: ICD-10 Compliance**

The transition from ICD-9 to ICD-10 diagnostic codes is now complete. In order to help ensure prior authorization requests and claims are processed correctly, please keep these key points in mind:

- ICD-9 and ICD-10 codes cannot be submitted on the same claim.
- Claims for individuals who were inpatient as of the Oct. 1, 2015, effective date for ICD-10 must be processed according to CMS transmittal 950 terms.
- Providers are required to submit ICD-10 codes for dates of service Oct. 1, 2015, and beyond.
Retrospective prior authorization requests for dates of service before Oct. 1, 2015, should be submitted with applicable ICD-9 codes.

Prior authorization requests that have already been approved that span the Oct. 1 compliance date will not need to be resubmitted.

Additional information about ICD-10 codes can be found at http://www.bcbst.com/providers/icd-10.page.

Reminder: New Prior Authorization Needed for CPT® Codes 64581 and 64590

As of Jan. 1, 2016, prior authorization is required for codes 64581 and 64590 that are related to neurostimulator implantation for occipital nerve stimulation, as well as fecal and urinary incontinence, for Commercial lines of business. Previously, medical records were reviewed by a nurse after claims were submitted. If the claims did not meet the appropriate guidelines, they were denied and the provider was financially liable. This new prior authorization requirement will reduce claims issues related to these codes. If you have questions, please contact the Provider Service Line†.

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

Electronic Claims Submission

During the past few months, BlueCross has shared our efforts with you to achieve 100 percent electronic claims submission. Beginning April 1, 2016, network providers (including oral surgeons) will be required to submit all claims to BlueCross electronically.

We have worked to make it easier for you to achieve 100 percent electronic claims submission, which should help eliminate any disruption to your current processes as a result of this transition.

Note: Paper claims will only be an accepted method of submission when technical difficulties or temporary extenuating circumstances exist and can be demonstrated. Please call eBusiness Technical Support at (423) 535-5717† to discuss your office’s transition and any barriers that may prevent you from filing electronic claims.

Reminder: Dental Coding Changes

Per the current guidelines set by the American Dental Association (ADA), the following CDT® codes will be added as of Jan. 1, 2016, and will be covered under the standard DentalBlue contract: D4283, D4285, D5221, D5222, D5223, D5224, D9223** and D9243**.

** D9223 will replace D9220 and D9221 and D9243 will replace D9241 and D9242. Anesthesia for dental will now be filed in 15 minute increments so it will be important to file with the correct code and time beginning Jan. 1, 2016.

If a deleted code is filed beginning with date of services Jan. 1, 2016 or after, that line item will not be processed and you will be advised to refile with the most current ADA code. For questions contact Dental Customer Service.

CDT® is a registered trademark of the American Medical Association.

Reminder: Refer members to network providers

Our members get the most from their health benefits when they visit participating network providers. As one of our network providers, please remember you are contractually obligated to refer our members to other contracted network providers. This is especially important when referring members to hospitals, for lab work, DME and any other ancillary services. Our “Find a Doctor” tool on bcbst.com can be used to easily locate other participating network providers. Genetic testing not performed by a network provider requires prior authorization, and other out-of-network services may require a review.

BlueCare Tennessee

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

Laws Prohibit Billing BlueCare Tennessee Members for Authorized and Covered Services

Federal and Tennessee laws prohibit BlueCare Tennessee providers from billing or attempting to collect payment from BlueCare Tennessee members for authorized and/or covered services (excluding applicable copayments or patient liability amounts). This applies to all TennCare providers, including those who are considered out-of-network. You may only seek payment from a BlueCare Tennessee member in certain situations.

For complete guidelines and information, please see the BlueCare Tennessee Provider Administration Manual or TennCare Rules.
Emergency Room Services During Inpatient Psychiatric Admission

Historically, inpatient psychiatric facilities have been responsible for reimbursement of emergency room services rendered to TennCare members that occurred during the inpatient psychiatric admission.

However, starting Jan. 1, 2016, BlueCare Tennessee and other managed care organizations will process and pay for acute care emergency room services that are rendered to TennCare members during an inpatient psychiatric admission. As of Jan. 1, 2016, acute care facilities should bill emergency room services while a member is inpatient at a psychiatric facility to the respective MCO.

SelectCommunity Claims Should be Submitted through BlueAccessSM

Historically, in accordance with the member’s individualized plan of care and to facilitate immediate action to resolve any service gaps, an Electronic Visit Verification (EVV) system was used to monitor the initiation and daily provision of home health/private duty services for SelectCommunity members who need such services.

Effective Jan. 1, 2016, providers no longer need to log in and out using the EVV system for services they provide to SelectCommunity members. All claims for care provided to SelectCommunity members must be submitted through BlueAccess, BlueCare Tennessee’s secure web portal on http://bluecare.bcbst.com/

If you are already registered, look for the “BlueAccess” login box located in the top right-hand corner of the Web page to submit claims electronically, or view information just as it appears right now in our computer system. Simply enter your user ID and password. First time users can click on the “Register Now” button, and follow the easy registration instructions.

Note: This process does not apply to CHOICES members, only to SelectCommunity members.

Medicare Advantage

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

Submit 2015 Claims by Feb. 15

To ensure the accuracy of your final Stars score for 2015, be sure to submit all attestations to the Provider Performance Module and claims for 2015 by Feb. 15, 2016. In April, these scores will be used to set fee-schedule reimbursement levels for all BlueAdvantage and BlueChoiceSM network providers.
Reminder: Oxygen Authorizations Now Limited to a Calendar Year

Beginning Jan. 1, 2016, BlueAdvantage members no longer receive lifetime or multi-year approval for oxygen equipment rentals. Because plan benefits can change at the beginning of each calendar year, a new authorization will be required at the beginning of the new year and be valid for a maximum of 12 months. If an authorization is approved during the year, it will remain in effect through the end of the calendar year and will need to be recertified for continued approval in the new year.

The annual request will need a certification of medical necessity completed by the requesting physician and dated within two months of the request. Please remember, oxygen equipment rental is only covered for 36 months according to CMS regulations.

Reminder: Guidelines for Submitting a Provider Assessment Form

In 2016, physicians will again be eligible to receive payments for completing and submitting a Provider Assessment Form for their attributed BlueAdvantage and BlueChoice members.

BlueAdvantage will reimburse the service as E/M Code 99420 with a maximum allowable charge of:
- $250 for dates of service between Jan. 1 and March 31, 2016
- $200 for dates of service between April 1 and June 30, 2016
- $175 for dates of service between July 1 and Sept. 31, 2016
- $150 for dates of service between Oct. 1 and Dec. 31, 2016

To receive reimbursement, you must complete the form and submit electronically via BlueAccess or complete the writable Provider Assessment Form and submit via fax to 1-877-922-2963. The form should also be included in your patients’ chart as part of their permanent records.

For additional information about the Provider Assessment Form, please visit: http://www.bcbst.com/providers/quality-initiatives.page

Reminder: BlueCross Offers BlueAdvantage and BlueChoice Members In-Home Health Assessments

To comply with CMS risk adjustment and HEDIS requirements, BlueCross BlueShield of Tennessee, in partnership with CenseoHealth, arranges voluntary, in-home health assessments for a portion of our Medicare Advantage membership. The health assessment program is intended to collect data, not provide treatment, and should not interfere with care administered by the member’s physician. A key aspect of the program is encouraging routine appointments with the member’s primary care practitioner (PCP) for wellness and maintenance check-ups. Once the assessment is complete, a summary of findings is sent to the PCP of record.

Any questions regarding this program may be directed to your provider relations consultant or BlueCross’ Provider Service Line, 1-800-841-7434.

Reminder: A Healthy New Year Starts with an Annual Wellness Exam

BlueAdvantage and BlueChoice are rolling out a new member reward campaign that encourages members to take more active roles in managing their health. In 2016, these members will need to take two steps to be eligible for rewards:

1. Opt in to the rewards program with Novu, our new rewards partner. Each member has received a welcome kit from Novu with opt-in instructions.

2. Receive an annual wellness exam. Members will receive an incentive for wellness exams as long as the claim is filed with either a G0438 or G0439 code. Members must receive a wellness exam to receive additional rewards in 2016, including any needed screenings for colorectal cancer, breast cancer, osteoporosis, HbA1c, retinal eye and urine nephropathy.

Cervical Cancer Screening

You play an essential role in developing and helping to ensure patient trust by offering high quality health care. Help your patients maintain a high level of quality care by making sure they receive recommended screenings.

Cervical cancer is the easiest gynecologic cancer to prevent, with regular screening tests and follow-up says the Centers for Disease Control
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January 2016

Be sure your CAQH ProView™ profile is kept up to date at all times.

IMPORTANT REMINDER

Note:
- Improve your quality scores with correct coding.
- All billed procedures, screenings and exams require documentation in your patient’s medical record.

Any changes will be included in the appropriate 1Q 2016 provider administration manual update.

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

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 Service Lines 1-800-924-7141
Monday–Friday, 8 a.m. to 6 p.m. (ET)

Commercial UM 1-800-924-7141
Monday–Thursday, 8 a.m. to 6 p.m. (ET)
Friday, 9 a.m. to 6 p.m. (ET)

AccessTN/CoverKids 1-800-924-7141
Monday–Thursday, 8 a.m. to 6 p.m. (ET)
Friday, 9 a.m. to 6 p.m. (ET)

BlueCare 1-800-468-9736
TennCare Select 1-800-276-1978
CHOICES 1-888-747-8955
BlueCare Plus℠ 1-800-299-1407
BlueChoice℠ 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 6 p.m. (ET)
Friday, 9 a.m. to 6 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 6 p.m. (ET)
Friday, 9 a.m. to 6 p.m. (ET)

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

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

العربية (Arabic); Bosanski (Bosnian); کوردی – بادیانی, کوردی – یوردانی (Kurdish-Badinani);
کوردی – سوردی (Kurdish-Sorani); Soomaali (Somali); Nguôc 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.