



June 2016

BlueAlertSM

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 will be updated to reflect the following new and revised policies. The full text of the policies listed below can be accessed at <http://www.bcbst.com/providers/mpm.s.html> under the “Upcoming Medical Policies” link.

Effective July 9, 2016

- **Azacitidine (Revision)**
- **Orthopedic Applications of Stem Cell Therapy (Revision)**

The following medical policies will be archived (i.e., no longer active) 30 days after this *BlueAlert* notification is issued.

- **Extracorporeal Shock Wave Therapy for the Treatment of Peyronie’s Disease** –This document is no longer utilized by BlueCross Commercial and BlueCare Utilization Management departments.
- **Thermal Shrinkage as a Treatment of Joint Instability** – BlueCross Commercial and BlueCare Utilization Management

departments are no longer seeing claims for this procedure.

- **Poly-L-Lactic Acid Injectable Implant Device** – This procedure is rarely performed.

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

Clinical Practice Guidelines (Health Care Practice Recommendations) Updates

BlueCross BlueShield of Tennessee Health Care Practice Recommendations have been updated; the *Global Initiative for Chronic Obstructive Lung Disease - COPD* has a 2016 revision. This and other updates can be viewed in their entirety on the company website at <http://www.bcbst.com/providers/hcpr/>.

Paper copies of any clinical practice guideline can be obtained by calling 1-800-924-7141, ext. 6705.

Addressing Opioid Addiction Prevention and Treatment

Federal Perspective

Opioid abuse is a serious public health issue, but preventive actions, treatment for addiction, and proper response to

overdoses can help. For more information about this issue, click on the links below from the U.S. Department of Health and Human Services and the White House to read more about this issue.

The U.S. Department of Health & Human Services recently published an [overview of the opioid abuse epidemic](#), including information on abuse prevention, treatment for addiction, and responding to an overdose.

Further information on the epidemic can be found in this recent [White House memorandum](#).

Local Perspective

The Substance Abuse and Mental Health Services Administration released its revised toolkit to help providers, communities and local governments respond to the nation’s opioid epidemic. Updates include new information on the first FDA-approved nasal spray version of naloxone hydrochloride, a life-saving medication that can reverse the effects of an opioid overdose.

Content specifically for prescribers includes information on minimizing risk, treating opioid overdose, legal and liability considerations, claims coding and billing, and other resources. The toolkit also has components for patients and family members, overdose survivors, community members, and first responders.

[Click here to download the free toolkit.](#)

All Blue 2016 Provider Workshops

Coming to a City Near You!

Join us for our annual state-wide All Blue workshops in September! Talk with BlueCross professionals who will share information about issues important to you and your practice. You can also visit our Resource Centers and take advantage of one-on-one discussions. Look for more details and registration information online soon. Watch your mail for invitations!

Johnson City	Sept. 14
Knoxville	Sept. 15
Memphis	Sept. 21
Jackson	Sept. 22
Chattanooga	To be determined
Nashville	To be determined

Reminder: New Regulations to Improve Provider Directory Data Quality

The federal government, states and other regulatory bodies require health plans to contact participating health care providers on a quarterly basis to review, update and confirm their information in provider directories.

If you receive a Data Verification Form, please verify your demographic information, sign and return the form promptly even if all information on the form is accurate. If the Data Verification Form requires changes, please mark through the incorrect information and print the correct details in the space beside that field and fax to (423) 535-3066. We ask that all providers respond promptly to update the information required for provider directories.

If you have any questions, or need assistance with the Data Verification

Form, please call the Provider Service Line at **1-800-924-7141**. To help ensure your call is routed to the appropriate department, select the option "Provider Network Services" when prompted.

We are assessing more efficient means of electronic verification, including working with the Council for Affordable Quality Healthcare (CAQH) to help meet these requirements by using CAQH ProView™. We will implement improvements to simplify the process of updating provider directories throughout 2016.

FREE Quality Training for Network Providers

BlueCross is offering a two-day class to promote health care quality. The training class is scheduled Aug. 4 and 5, 2016, 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. Get more information at: <http://www.bcbst.com/providers/Free-cphq-training-class.pdf>

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:

- Currently employed in a role related to quality improvement or management
- Currently employed by a BlueCross BlueShield of Tennessee network provider

Network providers will be limited to two participants per group/facility for the 2016 class. To register e-mail tawanda_malone@bcbst.com.

Reminder: Physician Quality Information Application Available Until July 12, 2016

The Physician Quality Information Application on BlueAccessSM will be available for physician review and self-reporting until July 12, 2016. After July 12, provider ratings will be updated to reflect the self-reported submissions and the updated provider ratings will be included in our provider directories that are available on the company website for our members.

Home Health Services Request for Proposals Coming Soon

BlueCross will soon release a Request for Proposals for Home Health Services for all lines of business. Home Health agencies are encouraged to respond. More information will soon be available on www.bcbst.com/providers.

Nurses Bring Better Health Every Day

At BlueCross, we have nearly 850 nurses on staff, the majority of whom work directly with our 3.3 million members to help ensure they get the right care at the right time – focusing on prevention and disease management to improve quality of life.

BlueCross experts are tackling issues in a series of guest editorials in *The Tennessean* that affect our communities and our members' peace of mind. Dr. Andrea Willis, senior vice president and chief medical officer, had a guest op-ed article in the May 8 edition highlighting the value BlueCross nurses bring to our members. She mentions three unusual cases where care managers went above and beyond expectations, while explaining the many ways our nurses help ensure members get the right care at the right time. Read the full article [here](#).

Reminder: Electronic Claims Submission

Network providers (including oral surgeons) are required to submit all claims to BlueCross electronically. This includes secondary and corrected claims.

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](#)† if you need to discuss your office's transition or any barriers that may prevent you from filing electronic claims.

Reminder: Changes to Provider Service Phone Lines

As of Jan. 1, 2016, BlueCross updated the menu prompts you hear when you call us on the Provider Service Line. Please listen carefully to all the prompts so your call will be routed to the appropriate area and help ensure that you receive the needed information in a more efficient manner.

BlueCare Tennessee

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

New CoverKids Provider Network Begins July 1

Since the beginning of 2016 you've seen the preparation for our new CoverKids provider network. New ASH requirements, a 3.2 percent rate increase and temporary member ID cards have all come in advance of the new network's July 1, 2016 launch.

CoverKids members already visit providers in the *TennCareSelect* network. We will offer these same providers contracts to participate in the CoverKids network. While a new network is big news, the difference is very small for providers.

What Stays the Same

- Reimbursement fees
- CoverKids members visit the same providers
- Members do not lose any benefits

What Changes

- Member ID Cards – new cards will show CoverKids network, and no longer show *TennCareSelect*

Employment and Community First CHOICES Program to Launch in July

The State of Tennessee will launch a new program on July 1, 2016, to help provide long-term services and support to people with intellectual and developmental disabilities (I/DD). The program, called Employment and

Community First (ECF) CHOICES, is different than any existing program in Tennessee. It will be a different way to think, plan and support people with I/DD. With ECF CHOICES, Tennessee will be the first state to develop a program specifically geared to promote and support integrated, competitive employment and independent living as the first and preferred option for people with I/DD.

Last Chance to Enroll in TennCare EHR Provider Incentive Program

Program Year 2016 is the final year in which providers and facilities can begin participation in the [Medicaid Electronic Health Record \(EHR\) Incentive Program](#). Benefits of program participation include:

- Eligible providers can receive up to \$63,750 for full participation in the program.
- Achieve measurable improvements in patient health care delivery and performance to promote better patient outcomes through the use of Certified Electronic Health Record Technology.

Check Your Eligibility

To verify your eligibility for the program see the [CMS Eligibility Widget](#). Email any questions to TennCare.EHRIncentive@tn.gov.

How Do I Get Started?

Click [here](#) to register and get started with your 2016 Program Year attestation.

For more information about the incentive program, please visit the [CMS](#) or [Bureau of TennCare](#) websites.

Note: This program is not applicable to CoverKids plans.

Prior Authorization Required for Secondary Claims

Please remember that prior-authorization requirements apply when submitting claims for secondary payment from BlueCare or TennCare.Select. Prior authorization is not necessary if the primary carrier has provided benefits and there are no plans to file a secondary claim.

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Retraction of Medicaid Requirement Article in April BlueAlert

BlueCare Tennessee providers should disregard the article that appeared on page three of the [April edition of BlueAlert](#) under the headline: Update: Medicaid Requirements for Home Health Services, Durable Medical Equipment.

The ruling issued by the Centers for Medicare & Medicaid Services (CMS) that requires providers to document face-to-face encounters with Medicaid beneficiaries for authorization of home health services **applies to fee-for-service providers, not managed care providers.** We apologize for any confusion.

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Incorporate Well Child Visit When Performing Sports Physicals

When patients under age 21 with TennCare Kids coverage are in your office for a sports or camp physical, we encourage you to complete a comprehensive TennCare Kids screening if their medical history determines this exam is due. Children ages 6 to 9 years are the most common age group to miss annual screenings.

Details for billing with modifier 25 are found in the TennCare Kids Billing Guidelines section of the *BlueCare Tennessee Provider Administration Manual*. TennCare Kids services provided should be documented during the office visit as appropriate for age and condition. The American Academy of Pediatrics (AAP) periodicity schedule of [Recommendations for Preventive Pediatric Health Care](#) is available on the AAP website.

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Tennessee Lifts Buprenorphine Limit for BlueCare Tennessee Members

Last year, Tennessee passed a law that would put a two-year limit on benefits for the drug buprenorphine. During this year’s legislative session that limit was lifted and funding beyond the two-year lifetime limit was restored.

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Reminder: Quest Diagnostics Laboratory Billing Guidelines*

All outpatient laboratory testing for BlueCare Tennessee or CoverKids members must be referred to Quest Diagnostics with the following limited exceptions:

- Lab testing included on the approved Exclusion List
- Proprietary lab tests without a comparable alternative through Quest Diagnostics (Requires prior authorization)
- Outpatient dialysis clinics
- Third party liability claims
- Emergency room
- Outpatient observation
- Inpatient claims
- Complications of pregnancy claims

BlueCare Tennessee’s arrangement with Quest is not all-inclusive. A detailed list of tests and corresponding CPT® codes excluded from the arrangement are found in [BlueCare Tennessee Lab Exclusion List](#).

Claims for covered services submitted by other suppliers or providers except for those services described in Exclusion List will be denied. Providers not currently using Quest Diagnostics for lab services will need to establish a lab ordering and reporting account. To request an account contact a Quest Diagnostics physician representative at 1-866-MY-QUEST (1-866-697-8378) option 1, then option 8 to set up Quest’s lab ordering and reporting system.

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Update: Tennessee Health Care Innovation Initiative

Tennessee Health Care Innovation Initiative (THCII) May Episode of Care reports are now available in the BlueAccessSM portal on the BlueCare Tennessee website at <http://bluecare.bcbst.com/providers/>. If you have problems accessing your THCII Episode of Care reports, please contact [eBusiness Technical Support](#)† by calling (423) 535-5717, Option 2.

Wave 1 episodes of care, which include Perinatal, Asthma Exacerbation and Total Joint Replacement (hip and knee), were in the Performance period calculating an aggregate of claims data from Jan. 1, 2015, to Dec. 31, 2015. Risk and gain sharing outcomes (recoupment and payments) will be realized after the August reports. If you have any questions related to your THCII Episode of Care report, please go to the BlueCare Tennessee THCII webpage at <http://bluecare.bcbst.com/Providers/Provider-Education-and-Resources/THCII.html>.

By 2019, approximately 75 episodes of care will be rolled out in 11 different Waves. Each wave will include a specific number of episodes of care assigned by the State of Tennessee. To see each wave and the episodes of care within each wave, please go to the State of Tennessee website at <http://www.tn.gov/hcfa/topic/episodes-of-care>.

For additional questions, contact your Provider Relations Consultant. If you do not know your Provider Relations Consultant, please go to the BlueCare Tennessee website provider page at <http://bluecare.bcbst.com/Providers/Provider-Education-and-Resources/index.html> and click on "Find My BlueCross Contact."

Monthly Screening Requirements for TennCare Providers to Change July 1*

Providers who care for patients covered by TennCare plans will have new monthly screening requirements to follow starting July 1, 2016. All owners, contractors, subcontractors and providers, whether contracted or not, must be screened against the [Excluded Parties List System \(EPLS\)](#), [HHS-OIG List of Excluded Individuals/Entities \(LEIE\)](#) and Social Security Master Death File (SSDMF) each month. Currently, providers can screen their employees and subcontractors against either of the federal exclusion databases, EPLS and LEIE. As of July 1, the amendment will require both databases to be searched in addition to the SSDMF.

CMS to Hold Training for 2016 PERM Reviews

The Centers for Medicare & Medicaid Services (CMS) reviews each state's Payment Error Rate Measurement (PERM) every three years and Tennessee is due for review in 2016. CMS will host four PERM provider education sessions to help providers who serve Medicaid and Children's Health Insurance Program (CHIP) communities understand their responsibilities during the PERM cycle.

The presentations will be repeated for each session. You will have the opportunity to ask questions live through the conference lines, webinar, and the dedicated PERM Provider email address at: PERMProviders@cms.hhs.gov.

To learn more about these upcoming provider education sessions, please visit the [CMS website](#).

Provider Education Session Schedule

- Tuesday, June 21
- Wednesday, June 29
- Tuesday, July 19
- Wednesday, July 27

All sessions begin at 3 p.m. (Eastern).

Medicaid ID Numbers

Please note that to participate in the BlueCare and TennCare Select networks, providers must have a valid Medicaid ID number on file with the Bureau of TennCare. The Bureau of TennCare's weekly notice of active Medicaid providers is BlueCare Tennessee's sole source for this information. To obtain a new Medicaid ID or to revalidate your existing

Medicaid ID, please visit the Bureau of TennCare's provider registration website at <http://tn.gov/tenncare/topic/provider-registration>.

Medicare Advantage

This information applies to BlueAdvantage (PPO)SM and BlueChoice (HMO)SM plans. BlueCare Plus (HMO SNP)SM is excluded unless stated otherwise.

We Can Help Your Patients Manage Their Diabetes

As you know, the key to living with diabetes is properly managing the disease over the long term. That's why BlueCross offers tools and rewards to our BlueChoiceSM and BlueAdvantage members to help them take the necessary steps to follow your plan of care and maintain a healthy lifestyle.

For details regarding the rewards members can receive for completing diabetes screenings view this [comprehensive list](#) on the Quality Care Rewards website.

Have a diabetic patient who has trouble making it to your office? At BlueCross, we understand that it's not always easy getting home-bound patients the screening tests they need. We can schedule in-home visits with our health partners to help your patients complete each of the following screenings annually:

- Blood Sugar (HbA1c)
- Kidney Function
- Retinal Eye

Call us at 1-800-841-7434 to schedule an in-home visit.

Reminder: High Tech Imaging Codes Requiring Prior Authorization

As previously communicated, three procedure codes for high tech imaging procedures have been recently added to the prior authorization requirement list to synchronize requirements with other services in these code ranges:

- 78264
- 78265
- 78266

Prior authorization requests can be faxed to 1-888-693-3210, or through BlueAccess at bcbst.com. When submitting requests online, the high tech imaging code must be the primary code.



This information applies to all lines of business unless stated otherwise.

Early Intensive Treatment of Rheumatoid Arthritis Can Help Patients Maintain Quality of Life

Rheumatoid Arthritis can be a debilitating disease. In 2012, the American College of Rheumatology [updated their recommendations](#) outlining aggressive treatment to improve quality of life and control disease progression.

According to the Centers for Medicare & Medicaid Services (CMS), patients with two diagnoses on different dates of service (during either an outpatient visit or non-acute inpatient discharge), should receive at least one disease-modifying anti-rheumatic drug prescription.

See the complete list of [anti-rheumatic drugs](#) for our BlueChoiceSM and BlueAdvantage members online.

Chlamydia Screenings Aid in Prevention of Serious Health Conditions

Chlamydia is a disease with typically mild or absent symptoms. In fact, a screening may be the only way your patients know they have it. The United States Preventive Services Task Force (USPSTF) recommends screening for chlamydia in sexually active women age 24 years and younger and in older women who are at increased risk for infection.

This easily treated disease can lead to more serious health conditions such as cervical cancer and infertility, if left untreated. Please remember to address this topic with all applicable patients yearly.

Chlamydia Screening Tests are a Covered Benefit:

BlueCare Tennessee Coverage:

BlueCare Tennessee covers chlamydia screenings for females 16-24 years of age annually, and when medically necessary chlamydia screening coverage is extended up to 29 years of age.

Commercial Coverage:

For most women with private insurance, the cost of chlamydia screening is covered without copayments or deductibles. However, your patients should contact their health plan to confirm coverage benefits.

Talk to your patients today about getting chlamydia screenings.

Prenatal and Postpartum Care

Prenatal care visits are a great opportunity to counsel expecting mothers on good choices and positive behaviors throughout all stages of pregnancy. It is important that you **schedule the expectant mother's first prenatal care visit within her first trimester or as soon as she suspects she is pregnant.**

Tips for improving success in pregnancy:

- Help pregnant patients schedule regular prenatal care visits.
- Send appointment reminders to avoid missed appointments.
- Schedule postpartum visits within 21 to 56 days after delivery, and try to schedule before she leaves the hospital.
- Counsel pregnant patients about proper nutrition and pregnancy wellness tips.
- Document all prenatal and postpartum visits.
- Submit claims in a timely manner to allow for early interventions in the case of high-risk pregnancies.

Effective Detection for Breast Cancer

Getting a high-quality screening mammogram and clinical breast exam regularly are the most effective ways to detect breast cancer early.

Breast cancer screenings are recommended every 2 years for women ages 50 to 74. Members should be encouraged to follow their physician's advisement regarding frequency of breast cancer screening due to personal history and other contributing factors.

Breast Cancer Screenings are a Covered Benefit:

BlueCare Tennessee Coverage:

- Mammography is covered at least once for women ages 35 to 40.
- Every two years, or more often if medically necessary, for women ages 40 to 50
- Each year for women who are age 50 and older
- Mammogram screenings are free. There is no copay. BlueCare members can call Customer Service at 1-800-468-9698 for help scheduling appointments and transportation.

Medicare Advantage Coverage:

- Annual screening mammograms for all female Medicare beneficiaries age 40 or older
- One baseline mammogram for female beneficiaries between the ages of 35 and 39
- There is no deductible requirement for this benefit.

Commercial Coverage:

- For most women with private insurance, the cost of screening mammograms is covered without copayments or deductibles.
- Patients should contact their mammography facility or health plan to confirm coverage benefits.

Talk to your patients today about getting their mammograms.

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Reminder: Consider Safer Alternatives for Patients Prescribed High-Risk Medications

At BlueCross, we know one of your priorities is the safety of your patients. We want to partner with you to minimize the use of medications considered high risk for those 65 years

of age and older – especially when there may be safer alternatives.

High-risk medications (HRMs) are those identified by the American Geriatric Society and by the Pharmacy Quality Alliance as possibly causing adverse side effects in older adults due to their pharmacologic properties and the physiologic changes associated with aging. The Centers for Medicare & Medicaid Services (CMS) has adopted this list as a best practice in caring for older adults.

Use of HRMs by your attributed BlueAdvantage, BlueChoice or BlueCare Plus patients is one of the measures used to determine your Star quality score and has been associated with a greater risk of diminished mental alertness, sleep walking and other abnormal behavior. HRMs can make everyday activities like driving a car more risky for elderly patients. See our website for a complete list of [high-risk medications](#), the concerns associated with them and recommendations for safe alternatives.

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IMPORTANT REMINDER



Be sure your [CAQH ProView™](#) profile is kept up to date at all times. We depend on this vital information.

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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. Llámenos gratis al CoverKids 1-888-325-8386

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, disability or any other group protected by the civil rights laws. Need help due to health, mental health or learning problem, or disability; or do you need to report a different treatment claim?

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Archived editions of BlueAlert are available online at

<http://www.bcbst.com/providers/newsletters/index.page?>

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* Changes will be included in the appropriate 2Q or 3Q 2016 provider administration manual update.

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Call 1-800-468-9698 for BlueCare, 1-888-325-8386 for CoverKids or 1-800-263-5479 for TennCareSelect to report discrimination compliance issues.

For TTY help call 771 and ask for 888-418-0008.

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†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™](http://CAQH.ProviewTM) 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)

Federal Employee Program 1-800-574-1003
Monday–Friday, 8 a.m. to 6 pm. (ET)

BlueCare	1-800-468-9736
TennCareSelect	1-800-276-1978
CoverKids	1-800-924-7141
CHOICES	1-888-747-8955
BlueCare PlusSM	1-800-299-1407
BlueChoiceSM	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–Friday, 8 a.m. to 6 p.m. (ET)

BlueAdvantage 1-800-841-7434
BlueAdvantage Group 1-800-818-0962
Monday–Friday, 8 a.m. to 6 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)

