

# BlueAlert<sup>SM</sup>

## BlueCross BlueShield of Tennessee, Inc.

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

### Medical Policy Updates/Changes

We're updating the [BlueCross BlueShield of Tennessee Medical Policy Manual](#) with these revised policies. To read the complete policy information, please click [Upcoming Medical Policies](#).

#### Effective July 1, 2018

- Saturation Biopsy for Diagnosis and Staging of Prostate Cancer (Revision)

#### Effective August 1, 2018

- Bariatric Surgery (Revision)

The following medical policy will be archived and no longer active 30 days after this BlueAlert notification. We've determined that there's no longer a need for our Commercial and BlueCare Tennessee Utilization Management departments to maintain this policy.

- DNA-Based Testing for Adolescent Idiopathic Scoliosis

### Clinical Practice Guidelines (Health Care Practice Recommendations) Updates

#### BlueCross BlueShield of Tennessee's Health Care Practice

**Recommendations** web page has a new look! For ease of navigation, we've arranged practice guidance by clinical issue. We've also provided behavioral health resources that speak to the current topics of *Autism*, *Depression* and *Substance Abuse*.

You can see these updates on our website at <http://www.bcbst.com/providers/hcpr>. You may also request paper copies of any listed clinical practice guideline by calling (423) 535-6705.

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## Requirements of the New Provider Stability Act

On April 5, 2017, Governor Bill Haslam signed into law the Provider Stability Act (PSA) – a new Tennessee mandate intended to increase transparency and accountability between Tennessee health plans and contracted health care providers. This law, which will take **effect Jan. 1, 2019**, will require Tennessee health plans to:

- Notify health care providers of any material change made at the sole discretion of the insurance entity to a previously released provider manual or a reimbursement rule and policy at least 60 days before the effective date of the change
- Notify health care providers of any change to a provider's fee schedule and the effective date of the change at least 90 days prior to the effective date of the change
- Limit fee schedule changes to once in a 12-month period
- Send all Provider Stability Act notices and disclosures to a dedicated email address supplied by the provider

The PSA only applies to contracted Commercial providers in Tennessee.

### How You Can Help

As part of the Provider Stability Act, we'll need to collect a dedicated contracting email address so we can notify you of changes to the Provider Administration Manual, reimbursement rules, fee schedules and policy changes. We'll continue to share updates about this law and how you can provide your preferred email address in future BlueAlert articles.

## BlueCross Partners with CIOX Health to Collect Medical Records

As a commercial health insurance organization, we're required to submit medical records to support the Risk Adjustment Data Validation Audit (RADV). We've partnered with CIOX Health, who will start obtaining medical records on our behalf in mid-June. You may receive a letter with a list of requested member records, instructions and options on how to send the medical records to CIOX. Please follow the return instructions provided with your letter.

## Prior Authorization Requirement for Genetic Testing

Beginning June 1, 2018, you'll need to request prior authorization from eviCore for molecular and genomic testing for our Commercial fully-insured and individual members. Self-funded accounts will have the option soon. You may [log in](#) or call 1-888-693-3211 to obtain authorization. You can also learn more about this important change by registering for online orientation designed to help you and your staff with the new molecular and genomic testing program. During these sessions, you'll learn more about prior authorization requirements and how to navigate [eviCore's website](#), where you'll find clinical guidelines and request forms.

[Click here](#) for the orientation schedule and other program resources, including step-by-step instructions on how to register for training. Please call eviCore's Client Provider Operations at 1-800-646-0184 if you have any questions or need more information.

**Note:** You may submit authorization requests to [eviCore](#) through BlueCross' payer space within the Availity provider portal or by calling 1-888-693-3211.

## Prior Authorization Requirements for New Specialty Medication Recently Added to Market

Effective May 25, 2018, we added Crysvita (J3590) to the provider-administered specialty medications that require prior authorization for all lines of business. This is a new specialty drug recently added to market.

You can find information on all provider-administered specialty medications that require prior authorization on our website.

## Reimbursement Guidelines for Oral Medications in the Practitioner's Office

Oral prescription medications must be dispensed and billed by the member's pharmacy benefit manager based on the written order of the physician. BlueCross does not reimburse any oral medications in the practitioner's office whether administered in the office or dispensed for home use. If an oral medication is administered in the practitioner's office, you must bill the most appropriate HCPCS code for an oral prescription medication or over the counter non-prescription medication.

For more information about reimbursement guidelines for medications not requiring a prescription, please see the [Provider Administration Manual](#).

## Submitting Contract-Related Items? Use Our Current Address or Go Online

Even though we moved to Cameron Hill nearly 10 years ago, we still sometimes receive correspondence and notices that were mailed to our old address. If you're mailing documents or anything else related to your contract, please use our current address:

BlueCross BlueShield of Tennessee  
1 Cameron Hill Circle  
Chattanooga, TN 37402

Even better, you can submit information or communicate with us online. Please email us at [PNS\\_GM@bcbst.com](mailto:PNS_GM@bcbst.com) or submit an application using the [Provider Enrollment Form](#) at [bcbst.com](http://bcbst.com).

Look for additional enhancements to our online Change Form – which will take place during the next few months – in the Provider section of [bcbst.com](http://bcbst.com).

## Changes to NICU Utilization Management and Care Management Services

Starting Sept. 1, 2018, BlueCross will handle all utilization management and case management services for neonatal intensive care unit (NICU) babies covered by Commercial plans. Previously, Progeny helped us with these services.

To request authorizations, please call our Provider Service line at 1-800-924-7141. For case management, call 1-800-818-8581, ext. 6900.

## Printed Commercial Prior Authorization Letters to Be Discontinued

Starting this month, Commercial prior authorization approval letters will be sent by fax. We will no longer mail approval letters. This will speed up the approval process and prevent misrouted letters. Prior authorization requests may be made by fax or phone, and you can get immediate approvals on some authorizations by logging in to the Availity Provider Portal for online authorization requests. You may print web authorization approvals for your records. For FAQs and more information about registering, please log in to [Availity](#).



## Global Surgical Package Billing and Guidelines

BlueCross updated its claims payment process in August 2017 to include a more careful analysis during the pre-payment phase of claims editing. The goal is to deliver payments to providers with more accuracy, reducing the need for recovering payments that exceed claims liability for all lines of business. Periodically, we publish reminders to help you with claims submissions. Here are a few reminders about global surgical package billing.

- The global surgical package includes reimbursement to the surgeon for the surgical procedure and related care before, during and after the procedure.
- CMS established global periods for certain surgical procedures. These assigned periods can be zero days, 10 days or 90 days.
- Global periods are determined based on the guidelines published by Medicare in the National Physician Relative Value Fee Schedule and/or Program Memorandums and Transmittals. These documents are available at [www.cms.gov](http://www.cms.gov).
- If Medicare does not assign a global period for certain procedures, BlueCross will assign a global period based on a similar service.



## Helping Parents Hesitant to Immunize and Documenting Refusals

Parents want to do what's best for their children. They often ask doctors about car seats, baby gates, bottles and many other questions about how to keep their child safe.

Some parents have heard rumors for years about the dangers of immunizations. As a health professional, you know they're safe and have greatly reduced the mortality rate of kids due to related diseases. In fact, they're an important part of preventive health care for kids. [You can help educate hesitant parents about immunizations with resources from the American Academy of Pediatrics website.](#)

It's important to note that every parent/guardian or patient has the right to refuse vaccines. If the parent/guardian or patient decides not to get recommended immunizations, documentation of their refusal must be in the patient's medical record.

[Resources for documenting the refusal are available on the American Academy of Pediatrics website.](#)

## New Outpatient Drug Testing Policy

Beginning June 1, 2018, urine/serum drug testing will be limited to 20 episodes per annual individual benefit period. An episode is defined as either a presumptive or confirmatory test (or both for the same date of service for each provider billed on the same claim).

A presumptive test is also known as a qualitative point-of-care test (POCT) or a drug screen. A confirmatory test identifies the drugs in a patient's system as well as the exact amount present at the time the sample was taken.

This policy does not apply to BlueCare Tennessee, CoverKids, FEP or our Medicare Advantage members.

## Code Editing Clarification

In March of 2017, we posted a notification about our new claims editing system, which was later deployed in August of that year. The article stated that the newly deployed edits would be "all claims processed after implementation date regardless of the [date of service]." With this BlueAlert, we are confirming that "all claims" means claims that are newly adjudicated after the edits were deployed as well as claims that are re-adjudicated after the edits were deployed. To minimize possible confusion, we've enhanced the language on our website to as follows:

**Edits will be applied on all claims processed (newly adjudicated and re-adjudicated) after the implementation date regardless of date of service.**

You can also review the updated language in the [Code Editing](#) section at [bcbst.com/providers](http://bcbst.com/providers).

**Note:** This applies only to the Commercial line of business.



## Tips for Coding Professionals

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

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### **Allowance Updated for Electric Breast Pumps (HCPCS Code E0603)**

Effective July 1, 2018, supplemental information will no longer be required when filing Commercial claims for electric breast pumps billed with HCPCS Code E0603 unless specifically requested.

Historically, electric breast pump allowances have been based on the policy for codes without established fees – those that are determined by invoice. BlueCross has conducted an in-depth analysis of code E0603 to address provider concerns regarding the process to obtain reimbursement. In this analysis, data from paid claims was reviewed along with provider invoice documents to establish a reasonable allowable. Supplies and accessories needed for the initial provision of the breast pump kit will not be paid in addition to the established Electric Breast Pump E0603 code reimbursement. Additional replacement supplies or accessories are not separately reimbursed. This will be effective July 1, 2018, when billed on the appropriate medical claim form. Some members may have specific group coverage regarding breast pumps; therefore providers may need to verify benefits before providing services.



## BlueCare Tennessee

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

### Authorization Adjustment is Not Permitted for Home Health Care Missed Shifts

BlueCare Tennessee can't adjust home health care authorizations because of missed shifts. If the amount of home health care hours billed for a member during the week is different than the amount provided, please submit a request for a claim adjustment. This procedure is available in the [BlueCare Tennessee Provider Administration Manual](#).

Please continue to submit all missed shifts using the appropriate form by fax to (423) 535-5254 or (865) 588-4663. If you're reporting a missed shift the same day it will occur, please call us at:

- BlueCare: 1-888-423-0131
- TennCareSelect: 1-800-711-4104
- CoverKids: 1-800-924-7141
- CHOICES/ECF CHOICES: 1-888-747-8955

If you need help resolving a missed shift because of safety, environmental or enrollee/family barriers, please call Case Management at 1-800-225-8698.

### Behavioral Health Facility Audit Questions

Since late 2017, HMS<sup>®</sup> – a vendor for BlueCare Tennessee – has been conducting claims audits of behavioral health facilities in our provider network. If you'd like more information about the audit process, details are available in the Vendor Audits XIX-2 section of the [BlueCare Tennessee Provider Administration Manual](#), as well as in your BlueCare Tennessee Institution Agreement.

If you have questions about audit requests or audit reports from HMS, please contact them using the contact information listed on your HMS materials before contacting us. HMS will be able to provide specific answers about your facility's audit.

**Note:** This does not apply to CoverKids.

### New Behavioral Health Benefits for CoverKids Members\*

Continuous Treatment Team (CTT) and Comprehensive Child and Family Treatment (CCFT) were added as covered benefits for CoverKids members with an effective date of Mar. 19, 2018. Applied Behavioral Analyst (ABA) Services were added as a covered benefit with an effective date of Jan. 1, 2018. While these services are now covered, they do require prior authorization. Please file claims for these services using the codes that apply to your BlueCare Tennessee network contract. If you have questions about claims for these services, our Provider Service staff can help. Please call us at 1-800-924-7141.



## Medicare Advantage

*This information applies to BlueAdvantage (PPO)<sup>SM</sup>. BlueCare Plus (HMO SNP)<sup>SM</sup> is excluded unless stated otherwise.*

### Changes to Medicare Part D Coverage Determinations and Appeals Process

The Medicare Part D coverage determination and appeal process for BlueAdvantage (PPO) and BlueCare Plus<sup>SM</sup> members is currently managed by Express Scripts, Inc. (ESI). Beginning **July 2, 2018**, BlueCross will manage the Medicare Part D coverage determination and appeal process, so providers should submit these requests directly to BlueCross. We'll provide more specific information on how to submit these requests to us in future communications.

### New Medicare ID Cards

CMS is launching an initiative to remove Social Security numbers (SSNs) from Medicare Health Insurance ID cards. This is part of an effort to protect Medicare enrollees from fraudulent use of SSN, to combat identity theft and safeguard taxpayer dollars.

Some of your patients may have already received new cards, depending on the schedule outlined by CMS. You can find more information about how the new Medicare number will impact you in the Providers section on the CMS website.

BlueCross BlueShield of Tennessee complies with the applicable federal and state laws, rules and regulations and does not to discriminate against members or participants in the provision of services on the basis of race, color, national origin, religion, sex, age or disability.

If a member or participant needs language, communication or disability assistance, or to report a discrimination complaint, please call 1-800-468-9698 for BlueCare, 1-888-325-8386 for CoverKids or 1-800-263-5479 for TennCareSelect. For TTY help, call 771 and ask for 888-418-0008.

This information is educational in nature and is not a coverage or payment determination, reconsideration or redetermination, medical advice, plan pre-authorization or a contract of any kind made by BlueCross BlueShield of Tennessee. Inclusion of a specific code or procedure is not a guarantee of claim payment and is not instructive as to billing and coding requirements. Coverage of a service or procedure is determined based upon the applicable member plan or benefit policy. For information about BlueCross BlueShield of Tennessee member benefits or claims, please call the number on the back of the member's ID card.

\*Changes will be included in the next provider administration manual update as applicable. Until then, please use this communication to update your provider administration manual.

Archived editions of BlueAlert are available [online](#).

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**PROVIEW™**

Be sure your **CAQH ProView™** profile is kept up to date at all times. We depend on this vital information.

## † 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 press 1. Then, press 1 again if you are a provider and follow the prompts to reach **Network Contracts or Credentialing** to update your information; **and**
- Update your provider profile on the [CAQH ProView™](#) website.

<b>Commercial Service Lines</b>	1-800-924-7141
Monday-Friday, 8 a.m. to 6 p.m. (ET)	
<b>Commercial UM</b>	1-800-924-7141
Monday-Thursday, 8 a.m. to 6 p.m. (ET) Friday, 9 a.m. to 6 p.m. (ET)	
<b>Federal Employee Program</b>	1-800-572-1003
Monday-Friday, 8 a.m. to 6 pm. (ET)	
<b>BlueCare</b>	1-800-468-9736
<b>TennCareSelect</b>	1-800-276-1978
<b>CoverKids</b>	1-800-924-7141
<b>CHOICES</b>	1-888-747-8955
<b>ECF CHOICES</b>	1-888-747-8955
<b>BlueCare Plus<sup>SM</sup></b>	1-800-299-1407
<b>BlueChoice<sup>SM</sup></b>	1-866-781-3489
<b>SelectCommunity</b>	1-800-292-8196
Available Monday-Friday, 8 a.m. to 6 p.m. (ET)	
<b>BlueCard</b>	
Benefits & Eligibility	1-800-676-2583
All other inquiries	1-800-705-0391
Monday-Friday, 8 a.m. to 6 p.m. (ET)	
<b>BlueAdvantage</b>	1-800-841-7434
<b>BlueAdvantage Group</b>	1-800-818-0962
Monday-Friday, 8 a.m. to 6 p.m. (ET)	
<b>eBusiness Technical Support</b>	
Phone: Select Option 2 at	(423) 535-5717
Email:	<a href="mailto:eBusiness_service@bcbst.com">eBusiness_service@bcbst.com</a>
Monday-Thursday, 8 a.m. to 6 p.m. (ET)	
Friday, 9 a.m. to 6 p.m. (ET)	