

July 2008

## BlueCross BlueShield of Tennessee, Inc. (BCBST) (Applies to all lines of business unless stated otherwise)

### CLINICAL

#### Medical policy update/changes

Full text of the following BCBST medical policy changes can be viewed online under "Upcoming Medical Policies" at <http://www.bcbst.com/providers/mpm.shtml>.

Effective Aug. 9, 2008

- Hypertension Therapy Using Low Level Electrical Stimulation
- Laser Therapy for Psoriasis

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

#### Modified Milliman Care Guideline updates/changes

BlueCross BlueShield of Tennessee's Web site has been updated to reflect upcoming modifications to select Milliman Care Guidelines®. The Modified Milliman Care Guidelines can be viewed on the Utilization Management Web page at [http://www.bcbst.com/providers/UM\\_Guidelines/Upcoming\\_Changes/Upcoming\\_Changes.htm](http://www.bcbst.com/providers/UM_Guidelines/Upcoming_Changes/Upcoming_Changes.htm).

Effective Aug. 29, 2008

*The following as relates to Ambulatory Care:*

- Ambulatory/Day Surgery Criteria

*The following as relates to Home Care:*

- Hyperemesis Gravidarum

*The following as relates to Inpatient and Surgical Care:*

- Hysterectomy

*The following as relates to Rehabilitative Care:*

- Speech Therapy

**Note:** Effective dates also apply to BlueCare and TennCareSelect pending state approval.

#### Xyzal® not added to BCBST commercial drug formulary

Xyzal® (generic name levocetirizine) is a prescription medication used to treat indoor and outdoor allergies.

Xyzal® was recently reviewed by the BlueCross BlueShield of Tennessee Corporate Pharmacy and Therapeutics (P&T) Committee. This committee is composed of clinicians, many of whom are community practicing physicians and pharmacists.

After review of the clinical information, the P&T Committee opted NOT to include this drug on the BCBST commercial formulary.

### ADMINISTRATIVE

#### Reminder: Oral drugs in the practitioner's office not covered

BCBST does not cover any oral medications in the practitioner's office (administered in the office or dispensed for home use) and we do not reimburse for any medication (oral or injectable) dispensed from the office for the patient's home use.

Practitioners should be cautious of marketing tools promoting new software that allows the physician to dispense medications in his/her office rather than the member having the prescription filled at a participating pharmacy.

#### Some employers and employees in Tennessee are not subject to Tennessee's Workers' Compensation Law, T.C.A. 50-6-101, et al.

Most employers and employees in Tennessee are subject to Tennessee's Workers' Compensation Law and are, therefore, required to seek benefits for their on-the-job injury claims pursuant to T.C.A. §56-6-101, et al. However, pursuant to T.C.A. §50-6-106, there are certain employers and employees to whom the Workers' Compensation Law does not apply, including the State of Tennessee, counties thereof and municipal corporations.

**On-the-job injury claims for these exempt employers and employees should be processed as any other medical claim by BCBST.** Providers should provide treatment for these individuals in the same manner as any other BCBST Member's medical care in the network. If anything specific is required for an on-the-job injury patient, i.e., a special report, then those expenses will be handled directly by the employer or employee and not submitted to BCBST.

Notwithstanding, the State, any county or municipal corporation may accept the provisions of T.C.A. 50-6-101, et al, pursuant to the provision therein.

**BlueCross BlueShield of Tennessee offices will be closed Friday, July 4, 2008, in observance of the Fourth of July Holiday.**



# BlueCross BlueShield of Tennessee, Inc. (BCBST)

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## ADMINISTRATIVE

### Do you anticipate an overnight stay for your patient's scheduled surgery?

Same day surgery does not require prior authorization; however, 23-hour observation stays do require prior authorization. When a physician's office staff contacts BCBST to verify whether a same day surgical procedure requires prior authorization and the physician anticipates the patient will require 23-hour observation care after the surgery, the requester should inform us of the anticipated stay at that time. Surgeries requiring 23-hour observation and corresponding authorizations are outlined in the Modified Milliman Care Guidelines located on the Provider page of the company Web site, [www.bcbst.com](http://www.bcbst.com).

If the physician performs same day surgery and then converts to a 23-hour stay, the physician should contact BCBST's utilization management department at 1-800-924-7141 soon after the surgery to obtain the authorization. In this instance, the facility may not have the appropriate clinical information available to obtain the authorization. However, it is ultimately the physician's and the facility's responsibility to contact BCBST to request the authorization and to provide the clinical and demographic information that is required to complete the authorization.

Prior authorization requests for 23-hour observation stays can receive online approval via *BlueAccess*, the secured area on the company Web site, [www.bcbst.com](http://www.bcbst.com). Simply select the option to apply Milliman Care Guideline Criteria and answer a few clinical questions. If the authorization meets specific criteria you will receive online approval and a reference number. This service is available 24-hours-a-day, 7-days-a-week for all registered BCBST commercial providers.

### Remember to use your National Provider Identifier (NPI) when updating *BlueAccess*

Effective May 23, 2007, the NPI became the only provider identifier on electronic transactions. With the NPI compliance date, BlueCross BlueShield of Tennessee began communicating to its new providers via their NPI number rather than the BCBST provider legacy number.

It is important providers use the NPI number when updating permissions information on *BlueAccess*, BCBST's secured page on its Web site, [www.bcbst.com](http://www.bcbst.com). If you need *BlueAccess* technical or training assistance, please call eBusiness Solutions at one of the following numbers:

Technical inquiries	423-535-5717
Training inquiries	423-535-3057

### Reminder: Corrected bills: use block 19 for all lines of business - block 22 only for BlueCare and TennCareSelect

BlueCross BlueShield of Tennessee identifies corrected bills submitted on paper CMS-1500 claim forms by either the "CC" (corrected claim) data in Block 22 or the "CORRECTED BILL" wording listed in Block 19. BlueCare and TennCareSelect may use either Block 19 or Block 22 when submitting corrected bills; however, we will only retrieve corrected billing data in Block 19 for our commercial lines of business.

Below is our **preferred** method for submitting corrected claims on a CMS-1500 claim form:

- Submit a **new** claim form with the correct data.
- Attach correspondence **behind** the claim form indicating what information was originally submitted and what was changed on the new claim form. (Example: "Procedure code in Block 24D on first line item was submitted as 99201; corrected to 99202 on new claim.")

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- Write (using pen with black ink), stamp or type "CORRECTED BILL" in Block 19 (all lines of business) **OR** "CC" in Block 22 (this information only retrieved for BlueCare and TennCareSelect).

#### Tips:

- Do not use red ink. Our Optical Character Recognition (OCR) equipment does not recognize red ink.
- Do not use a thick marker or crayon that may cover other form fields.

### Reminder: Provider appeal processes

A provider or provider representative may request reconsideration or appeal of any adverse decision. The following outlines the utilization management and administrative appeal processes:

#### Utilization Management

##### Level 1 Inquiry (Reconsideration):

- Initial denial - In the initial review, if the nurse cannot approve the treatment/services, he/she automatically refers the request to a BCBST medical director for review/approval. Additional information may be submitted for review.
- If the denial is upheld, the provider may request a peer-to-peer telephone discussion<sup>†</sup> of the adverse decision.

#### Administrative

##### Level 2 Appeal:

- If the decision remains upheld, the provider or provider representative may submit additional relevant and pertinent clinical information supporting the medical necessity of the treatment/services for review by an outside specialty-matched consultant<sup>‡</sup>.

Note: Exhausting the above steps satisfies the Appeals levels of the BCBST Provider Dispute Resolution Procedure (PDRP).

If the provider is still dissatisfied with the decision, the next and final step is binding

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**ADMINISTRATIVE**

**Reminder: Provider appeal processes (cont'd)**

arbitration. Binding arbitration is defined in the BCBST Provider Dispute Resolution Procedure. This procedure and UM appeals processes can be found in their entirety in the provider administration manuals located on the Provider page on the company Web site, [www.bcbst.com](http://www.bcbst.com).

‡A provider can request a specialty-matched appeal or peer-to-peer telephone discussion at any appeals level. The provider office staff should only initiate a peer-to-peer discussion when the attending or ordering physician requests and is aware of discussion. To arrange a peer-to-peer discussion with a BCBST medical director, office staff should call one of the following numbers:

BlueCare or TennCareSelect  
1-800-924-7141

All other lines of business  
1-800-228-2096

**BlueCare/TennCareSelect**  
**ADMINISTRATIVE**

**Reminder: Completing "patient relationship information" claim fields appropriately**

Effective for dates of service on or after April 1, 2008, all BlueCare and TennCareSelect claims submitted on paper CMS-1500 and CMS-1450 Health Insurance Claim forms or submitted electronically in the ANSI-837 version 4010A1 format without the correct insured and patient relationship information will be returned to the provider unprocessed. The required data form content and field description format for completing these fields can be viewed in the Billing and Reimbursement section of the *BlueCare Provider Administration Manual* available

on the Provider page of the company Web site, [www.bcbst.com](http://www.bcbst.com) or on BlueSource, BCBST's quarterly provider information CD.

Additional reference sources include:

- *National Uniform Claim Committee 1500 Health Insurance Claim Form Reference Instruction Manual for 08/05 Version and*
- *National Uniform Billing Committee UB04 Data Specifications Manual*

To help avoid delays in payment, please have someone review your billing system to ensure that all required information is being submitted correctly.

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**New edit for BlueCare and TennCareSelect electronic (EDI) professional claims**

Beginning Aug. 1, 2008, a new front-end edit, **650084** (UNITS NOT EQUAL IN DATE SPAN) will be implemented for BlueCare and TennCareSelect electronic EDI professional claims.

For claims filed with procedure codes ranging 99201 to 99499, the edit will compare the "date of service span" on the DTP (qualifier 472) segment in the 2400 Loop with the "unit" field on the SV1 segment.

If the unit field does not equal the number of days in the date span, the claim will reject with edit **650084**, which will be reflected on the provider's confirmation report.

For technical questions, please call eBusiness Technical Support at 423-535-5717, Monday through Friday, 8 a.m. to 5:30 p.m. (ET) or e-mail [Ecomm\\_TechSupport@bcbst.com](mailto:Ecomm_TechSupport@bcbst.com).

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**VSHP partners with ValueOptions® of Tennessee to provide behavioral health services**

Beginning Nov. 1, 2008, VSHP will partner with ValueOptions® of Tennessee, Inc., as

their new behavioral health partner for administering services in East and West Tennessee for BlueCare members. The partnership is working diligently to ensure true, seamless integration of physical and behavioral health care, with wraparound support services that will eliminate disconnects, and prevent fragmentation of services.

ValueOptions® of Tennessee will be recruiting and contracting with providers in East and West Tennessee who offer behavioral health and consumer centered recovery services. Shortly, providers will be receiving materials related to credentialing behavioral health services and a ValueOptions® of Tennessee provider agreement or amendment that will include reimbursement rates for TennCare services. Upon receipt of these documents, it is critical that each provider review and complete the credentialing application as well as return the signed provider agreement or amendment in order to participate in the ValueOptions® of Tennessee TennCare Managed Medicaid Network.

If you have questions or need more information, please call ValueOptions® of Tennessee at 1-800-397-1630.

**BlueAdvantage (BlueCross BlueShield of Tennessee's Medicare Advantage Product)**

**ADMINISTRATIVE**

**Risk adjustment helps ensure appropriate payment to providers**

**What is the purpose of risk adjustment?**  
Risk adjustment strengthens the Medicare program by ensuring that accurate payments are made to Medicare Advantage (MA) organizations based on the health status of their enrolled beneficiaries. Accurate payments to MA organizations help ensure that providers are paid appropriately for the services they provide to MA beneficiaries.

**Why is risk adjustment important to physicians and providers?**  
Physicians and providers must focus attention on complete and accurate diagnosis reporting according to the official ICD-9-CM coding guidelines.

**BlueAdvantage** (BlueCross BlueShield of Tennessee's Medicare Advantage Product)

**ADMINISTRATIVE**

**Risk adjustment helps ensure appropriate payment to providers (cont'd)**

**Why is medical record review conducted for Risk Adjustment?**

Medicare Advantage plans, such as BlueCross BlueShield of Tennessee, conduct medical record review to identify additional conditions not captured through claims or encounter data and to verify the accuracy of coding.

**Is a medical record release form needed when BCBST requests medical records?**

Under CFR 164.502 (HIPAA) you are permitted to disclose the requested data for the purpose of healthcare operations, after you have obtained the "general consent" of the patient. A general consent form should be an integral part of your medical record file.

Medical Records can be **mailed** or **faxed** to:

BlueCross BlueShield of Tennessee  
Attn: RAPS Department  
P.O. Box 180205  
Chattanooga, TN 37401-9943

Fax: 1-877-922-2963

Medical record reviews are conducted in accordance with the Centers for Medicare & Medicaid Services (CMS) guidelines.

**CoverTN**

**ADMINISTRATIVE**

**Confirmation of pregnancy is a covered benefit**

Although the CoverTN health benefit plan does not include maternity coverage, services for the confirmation of pregnancy are covered. The initial visit and laboratory charges to **confirm pregnancy** will be covered when billed with appropriate procedure/diagnosis codes in affect at the time of services:

*Procedure Codes*

- 81025** - Urine pregnancy test, by visual color comparison methods.
- 84702** - Gonadotropin, chorionic (hCG); quantitative.
- 84703** - Gonadotropin, chorionic (hCG); qualitative.
- S3625** - Maternal serum triple marker screen including alpha-fetoprotein (AFP), estriol, and hCG.
- S3626** - Maternal serum quadruple marker screen including alpha-fetoprotein (AFP), estriol, hCG & inhibin A.

*Possible Diagnosis Codes*

- 626.0** - Absence of menstruation.
- V7240** - Pregnancy examination or test, pregnancy unconfirmed.
- V7241** - Pregnancy examination or test, negative result.
- V7242** - Pregnancy examination or test, positive result.

Maternity care that is needed after the confirmation of a pregnancy, i.e., the initial prenatal visit, is not a covered service under CoverTN. Pregnant members can receive coverage under the CoverKids program for prenatal, delivery and 60 days of postpartum care, if eligible.

CoverTN members with a physician-confirmed pregnancy should immediately request an application for CoverKids from Policy Studies Inc., by calling 1-866-620-8864 or apply online at [http://covertn.gov/web/coverkids\\_app.html](http://covertn.gov/web/coverkids_app.html).

**~Claims filing tips~**

In an effort to help avoid delays in claims payment and alleviate some of the more common billing errors, we offer the following tips when filing claims for BCBST members:

**Billing Orthotics** –When billing the same orthosis code for bilateral items (left and right) for the same date of service, providers should submit both items on the same claim line using "LTRT" modifiers and 2 units of service. Additional guidelines available at <http://www.cignagovernmentservices.com/>. (See LCDL11517, Article A19885).

**Billing Supplies** – Providers must have a valid detailed order on file prior to submitting claims for supplies. Providers regularly submitting claims for supplies that exceed the normal usage guidelines may be asked to submit medical records for that member supporting the need.

A member or his/her caregiver must specifically request additional supplies before they are dispensed. The supplier cannot automatically dispense a quantity of supplies on a predetermined basis.

Additional guidelines are available at <http://www.cignagovernmentservices.com/jc/pubs/supman/index.html>.

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**†Provider Service lines**

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

**Commercial Lines; Cover Tennessee; CoverKids; Access TN 1-800-924-7141**  
(Monday– Friday, 8 a.m. to 5:15 p.m. ET)

**Note:** If you've moved, acquired an additional location, or made other changes to your practice, choose the "touchtone" option or just say "**Network Contracting**" when prompted, to easily update your information.

**BlueCare 1-800-468-9736**  
**TennCareSelect 1-800-276-1978**  
(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 5:15 p.m. ET)

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

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