

August 2009

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 Sept. 13, 2009

- Alemtuzumab
- Leuprolide Acetate
- Temozolomide
- Zoledronic Acid (Reclast®)
- Cetuximab
- Erlotinib
- Interferon Alfa (Systemic)
- Paclitaxel (Protein Bound)
- Bone Mineral Density Studies
- Magnetoencephalography & Magnetic Source Imaging of the Brain

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

New drugs added to commercial specialty pharmacy listing

Effective July 1, 2009, the following drugs have been added to our commercial Specialty Pharmacy drug list. Those requiring prior authorization are identified by a (PA).

Provider-administered via medical benefit:

Cimzia Vials
Synvisc One
Vantas

Self-administered via pharmacy benefit:

Afinitor (PA)
Cimzia Syringes
Simponi

ADMINISTRATIVE

BCBST implementing CMS guidelines for serious reportable adverse events ("never events")*

Effective Dec. 1, 2009, in an effort to encourage greater patient safety and reduce "never events" -- preventable medical errors that result in serious consequences for the patient, BCBST will apply the Centers for Medicare & Medicaid Services (CMS) guidelines to all participating acute care inpatient hospitals and ambulatory surgery centers.

"Never events" are defined as errors in medical care that are clearly identifiable, preventable, and serious in their consequences for patients, and that indicate a real problem in the safety and credibility of a health care facility.

Participating providers are required to populate Present on Admission (POA) indicators on all acute care inpatient hospital claims.

BlueCross BlueShield of Tennessee will require all participating providers to hold members harmless for any services related to "never events" in any clinical setting and reimbursement will not be issued. BCBST will follow CMS guidelines for billing and reimbursement of "never events".

For more information please review the "never events" policy scheduled for inclusion in the 3rd quarter update to the BlueCross BlueShield of Tennessee and Volunteer State Health Plan provider administration manuals to be published September 2009, on the company Web sites, www.bcbst.com, www.vshptn.com.

Review process implemented for Xeloda

A recent study on 600 women with early stage breast cancer demonstrated that those who were 65 years of age or older, and

received Xeloda (capecitabine), were twice as likely to relapse and almost twice as likely to die compared to those receiving standard chemotherapy.

Effective July 1, 2009, in response to this study, a review process was added for Xeloda for members 65 years or older who have prescription benefits through BCBST commercial lines of business.

Reminder: Billing guidelines for bilateral procedures

Per HIPAA guidelines, bilateral procedures must be billed as a single line item using the most appropriate CPT® code with modifier 50. One (1) unit should be reported. However, in certain situations, Modifier 50 should not be added to a procedure code. Some examples are when, but not limited to:

- a bilateral procedure is performed on different areas of the right and left sides of the body (e.g. reduction of fracture, left and right arm),
- the procedure code description specifically includes the word "bilateral"; and/or
- the procedure code description specifically indicates the words "one or both" (e.g. CPT® code 69210 – removal of cerumen, one or both ears).

Therefore, sometimes it is appropriate to bill a bilateral procedure with:

- a single line with no modifier and 1 unit;
 - a single line with modifier 50 and 1 unit; and/or if procedure is "other" than surgical such as radiology CPT® codes then bill as:
 - two lines with modifier LT and 1 unit on one line and modifier RT and 1 unit on another line.
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ADMINISTRATIVE

Real-time claims estimation/adjudication enhancement

Real-Time Claims Estimation/Adjudication application will soon have support for multiple diagnosis codes per line. The application now supports up to three supplementary diagnosis codes, in addition to the primary diagnosis code. Access to this free Web-based tool is available through *BlueAccess*, BCBST's secure area on its Web site, www.bcbst.com.

Endometrial ablation to require prior authorization

Effective Jan. 1, 2010, BlueCross BlueShield of Tennessee will require prior authorization for all Commercial lines of business for Endometrial Ablation, CPT® codes:

- 58353 – Endometrial ablation, thermal, without hysteroscopic guidance
- 58356 – Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
- 58563 – Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electro-surgical ablation, thermoablation)

To arrange prior authorization for these services, please contact our Utilization Management Department, **1-800-924-7141** Monday through Friday, 8 a.m. to 5:15 p.m. (ET) or *e-Health Services* online via *BlueAccess* on the company Web site www.bcbst.com. To access *e-Health Services*, enter your ID number and password in the *BlueAccess* secure login box or for first-time users, click the “register now” tab.

Providers are encouraged to review the code descriptions to help ensure claims are filed appropriately.

Note: This prior authorization requirement does not apply to BlueCare or TennCareSelect.

BCBST offering online cultural competence training

As is true of the nation in general, Tennessee's demographics are becoming more culturally diverse.

BCBST is committed to helping providers improve their ability to treat patients from diverse backgrounds. In keeping with our commitment, BCBST has purchased Quality Interactions®, a program designed to help physicians, nurses and office staff better assist people from diverse backgrounds.

The training uses a case-based format supported by evidence-based medicine and peer-reviewed literature and is accredited for up to 2.5 hours of CME, CEU or CCM credits. There are a limited number of licenses available for these courses, so please register early to take advantage of the valuable learning experience.

The training is available on the Provider page of the company Web site, www.bcbst.com. Click on the “Quality Interactions® Cross Cultural Training” link under “Administration” and follow the PDF instructions for registration.

If you have any questions, please call the appropriate Provider Service line†.

Class action settlement affects BCBST commercial drug reimbursement

The U. S. District Court for the District of Massachusetts has granted final approval of the settlement regarding the mark-up factor used by two major publishers of drug pricing information used in calculating their Average Wholesale Price (AWP) rates.

This national ruling, effective Sept. 10, 2009, will affect some 400 brand name products. As a result of this decision, changes in the AWP rates will be reflected in the BCBST commercial drug reimbursement system on Oct. 1, 2009.

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

ADMINISTRATIVE

The CAHPS survey results are in

The Centers for Medicare & Medicaid Services (CMS) conducts the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey to collect information about member experiences with Medicare Advantage (MA) health plans. There was a response rate of 74.68 percent,

The 2008 CAHPS survey of MA Prescription Drug (MA-PD) plans was conducted from February 2008 through June 2008. BlueAdvantage was 1 of 30 plans participating in the survey. This summary highlights the results of the survey for BlueAdvantage.

BlueAdvantage scored above the national average on all measures, to include:

- Customer Service
 - Getting Needed Care
 - Getting Information about Prescription Drugs
 - Getting Needed Prescription Drugs
- In addition, our plans showed a significant increase from the previous year in the area of *Ease of Getting Prescribed Medicines*.

Even though BlueAdvantage exceeded the national average on all measures, we believe that opportunities for improvement exist for the areas that remained the same between 2007 and 2008 to include:

- Health Plan Overall
- Getting Needed Prescription Drugs
- Getting Information from the Plan about Prescription

If you would like a more detailed summary, please call BlueAdvantage Provider Service at 1-800-841-7434.

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

ADMINISTRATIVE

Reminder: BlueAdvantage utilization management no longer reviewing select services

Effective June 1, 2009, select services no longer require utilization management review prior to payment for BlueAdvantage PFFS and PPO members when the HCPCS/CPT® code is filed with the accompanying diagnosis code(s) indicated in the grid below:

Mastectomy bras and prosthesis

(mastectomy bras) limited to six (6) per year)

When HCPCS/CPT® Code ...	is filed with diagnosis code:
L8000; L8030 (L8000)	174.0-74.9, 233.0, V45.71, 239.3, V10.3

Adenosine

When HCPCS/CPT® Code ...	is filed with diagnosis code:
J0152	401.0, 401.1, 401.9, 396-396.9, 410.50, 411.0, 411.1, 411.81, 411.89, 412, 413.0-414.06, 414.8, 414.9, 414.10-414.19, 424.0, 424.1, 425.1, 425.4, 426.2-426.54, 426.6-426.81, 426.9, 427.0, 427.2, 427.31, 427.32, 427.69, 427.89, 427.9, 428.0-428.9, 429.3, 440.21-440.24, 443.9, 780.2, 785.0, 785.1, 785.2, 786.50, 786.59, 794.30, 794.39, 794.31, 960.7, E942.0, E942.1, V45.01 V67.00, V67.09, V67.51, V67.59, V71.7, V72.81, V72.83, V81.0

Cardiac Rehabilitation

When HCPCS/CPT® Code ...	is filed with diagnosis code:
93797-93799	410.00-410.92, V45.81, V43.3, V57.89, V57.9, V58.73

Synvisc

When HCPCS/CPT® Code ...	is filed with diagnosis code:
J7322	715.16, 715.26, 715.36, 715.96, 715.90, 719.46, 719.49

BlueCare/TennCareSelect ADMINISTRATIVE

VSHP expands partnership with ValueOptions®*

Beginning Sept. 1, 2009, VSHP will expand its partnership with ValueOptions® of Tennessee, Inc., to include behavioral health care services statewide for TennCareSelect members. These members include:

- Children whose eligibility category is SSI
- Children who are in the custody of the State
- Children who are in an institutional eligibility category, (which includes children in the Home and Community Based Services waiver for individuals with mental retardation)
- Enrollees whose residence are out-of-state
- Enrollees who have been identified as being 'potentially ineligible' – that is Uninsured and Uninsurable enrollees who have not responded to re-verification activities and whose family members have not used TennCare services for a set period of time.

Together, we are 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 statewide who offer behavioral health and consumer centered recovery services. TennCareSelect will provide utilization management, case and disease management, customer service and claims processing services for both physical and behavioral health.

If you have questions or need more information about **contracting** or **credentialing** as a behavioral health provider, please call ValueOptions® of Tennessee at 1- 800-397-1630. For all other questions, please call the TennCareSelect Provider Service line†.

Reminder: Important changes to TENNderCARE billing guidelines

Effective Jan. 1, 2008, claims for preventive services must be filed using the appropriate CPT® code with diagnosis codes V20-V20.2, V70.0, V70.3-V70.9. Use of these codes is required in order for the encounter to be considered a complete TENNderCare screening reimbursable at the enhanced rate. Previously, providers were not required to use a "V" diagnosis code in conjunction with preventive procedure codes.

When a TENNderCare screening reveals the need for further diagnostic and treatment services, one of the following referral codes should be used in Block 24D on the CMS-1500 professional paper claim form:

- UA – Medical follow-up needed
- UB – Behavioral follow-up needed
- UC – Dental follow-up needed

Although the above codes are for informational use only, we encourage you to use them as they assist in better coordination of the member's care.

Preventive codes and guidelines for billing preventive services with evaluation & management codes are defined in the *VSHP Provider Administration Manual* located on the company Web sites, www.bcbst.com www.vshptn.com.

BlueCare/TennCareSelect ADMINISTRATIVE

Volunteer State Health Plan (VSHP) adds new service to non-emergency transportation*

VSHP and Southeastrans are working together to provide members with access to non-emergency physical and behavioral health transportation using public transit systems.

When a member or health care provider calls Southeastrans to schedule transportation, the member will be offered bus passes if the pick-up and drop-off locations are within one-quarter mile of the bus stop and the member meets all the requirements for riding public transit.

Effective Aug. 1, 2009, Southeastrans will begin working with the Memphis Area Transit Authority (MATA) to provide a bus route that will cover many of the health care centers in the Memphis/Shelby County area. Bus passes may be available for BlueCare and TennCareSelect members located in the West Grand Region needing transportation to and from covered physical and behavioral health care services.

When a member receives a Bus Pass packet from Southeastrans, included in the packet is Validation Form with instructions to give the form to the provider when he/she arrives for his/her appointment. Providers must complete the *Validation Form* and fax it to Southeastrans, Inc., at 1-423-296-1597.

Additionally, the provider must complete an *Exception Form* when a member's medical condition does not permit him/her to utilize the Bus Program. Both the Validation Form and the Exception Form are available in English and Spanish, and can be accessed in the BlueCare/TennCareSelect section under Transportation on the Provider page of the company Web sites, www.bcbst.com and www.vshptn.com.

Implementation dates for this public transportation service across the remainder of the State will be:

Oct. 1, 2009
Hamilton County

Dec. 1, 2009
Knox County, Tri Cities, and Jackson

Providers and members and/or their representatives may request non-emergency transportation services by contacting Southeastrans, Inc, at one of the following toll-free telephone numbers:

BlueCare

- East Grand Region: 1-866-473-7563
- West Grand Region: 1-866-473-7564

TennCareSelect

- Statewide: 1-866-473-7565

Medical record reviews for Medicaid and State Children's Health Insurance Program

The Bureau of TennCare has requested Volunteer State Health Plan remind providers that federal laws and regulations and provider agreements require providers to make medical records related to Medicaid and SCHIP payments available upon request to federal and state officials or their representatives. This includes on-site inspection or written requests for copies.

From time to time, federal or state officials or their representatives may request to review or receive copies of medical records related to claims that have been paid with federal funds. Mandatory compliance with these requests is required. Additional information about the **Payment Error Rate Measurement (PERM) Program** is available on the Provider page of our company Web sites, www.bcbst.com and www.vshptn.com.

Amendment to the Medical Assistance Act authorizes new home health services*

Under present law, the Medical Assistance Act requires the provision of medical assistance to eligible persons, including the provision of home health care services. Provision of home health care services under the Act are those services that are provided in the recipient's home and must follow the recipient into the community for the purposes of providing services during routine activities of daily living such as:

- outpatient medical appointments
- school and other educational functions
- employment and volunteer opportunities
- church and religious services.

August 2009

Tennessee enacted Public Chapter 471 into law in 2009. This Act authorizes home health nurses and aides to accompany a recipient outside the home during the course of prior approved home health services, if all of the following criteria are met:

1. The home health nurse or aide must not transport the service recipient.
2. The home health agency will have discretion as to whether or not to accompany a recipient outside the home.
3. Additional visits or hours of care will not be approved for the purpose of accompanying a recipient outside the home.
4. No additional reimbursement will be paid to the home health agency in association with the decision of the agency to accompany a patient outside the home.

This Act specifies that its provisions are not intended to create an entitlement to services and that a home health agency will not be subject to legal action as a result of exercising its discretion pursuant to this amendment.

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†Provider Service lines

Featuring "Touchtone" or "Voice Activated" Responses

Commercial Lines; CoverTN; CoverKids; AccessTN 1-800-924-7141 (Monday– Friday, 8 a.m. to 5:15 p.m. ET)
Note: If you moved, acquired an additional location, or made other changes to your practice, choose the "touchtone" option or just say "**Network Contracts or Credentialing**" 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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