

December 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 Jan. 9, 2010

- Total Facet Arthroplasty

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

#### Correction:

In the November issue of *BlueAlert* we incorrectly reflected a Dec. 12, 2009, effective date for:

- Bevacizumab
- Transurethral Microwave Thermotherapy

The correct effective date is Dec. 18, 2009.

#### Changes to commercial preferred drug listing

The Pharmacy and Therapeutics Committee attempts to minimize annual changes to the BlueCross BlueShield of Tennessee commercial Preferred Drug List (PDL), but changes are necessary due to availability of generics, pricing changes and changes to market availability.

Effective Jan. 1, 2010 the following changes are being made:

#### Drugs moving from Tier 3 to Tier 2:

Astepro  
Boniva  
Bystolic  
Coreg CR  
Savella  
Trilipix  
Venlafaxine ER  
Ventolin HFA

#### Drugs moving from Tier 2 to Tier 3:

Atacand (Preferred ARB'S: Avapro, Benicar, Micardis)  
Atacand HCT (Preferred ARB/Combo's: Avalide, Benicar HCT, Micardis HCT)  
Copaxone  
Proventil HFA (other preferred brand available: ProAir HFA, Ventolin HFA)  
Rebif

#### Drugs moving from Tier 2 to Tier 3 due to generic equivalent availability:

Alphagan P (brimonidine)  
Miacalcin (calcitonin-salmon)  
Prevacid (lansoprazole; the 15mg will be OTC)  
Valtrex (valacyclovir)

#### Generic and branded generic drugs being added to Tier 1:

brimonidine (Alphagan P)  
budesonide inhalation (Pulmicort inhalation)  
lansoprazole (Prevacid)  
miglitol (Glyset-no longer on the market)  
repaglinide (Prandin)  
valacyclovir (Valtrex)

#### Drugs being added to prior authorization list:

Enbrel	Nuvigil
Cimzia	Provigil
Humira	Simponi
Kineret	

#### Reminder: Case management and disease management programs available

Case management services are available to members having complex chronic conditions, a major trauma or complicated care needs in which extensive interaction is necessary to connect with all the parties involved in the member's healing process. Members enrolled in a case management program are assigned a Volunteer State Health Plan (VSHP) Case Manager (registered nurse) to coordinate their complex needs.

Disease management services are available to members with diabetes, congestive heart failure, asthma, chronic obstructive pulmonary disease, pregnancy, coronary artery disease, obesity, bipolar disease, major depression and schizophrenia.

Members enrolled in a disease management program are assigned a Volunteer State Health Plan Disease Manager who supports and coaches members in adopting and maintaining healthy habits. When these nurses recognize changes or lifestyle issues that may affect the member's health, they work with the member and provider to address the issues and coordinate appropriate treatment, services and medications.

Members may self refer to either program by calling the Customer Service number listed on their ID card and providers may refer patients to either program by calling one of the following numbers:

Case Management	1-800-225-8698
Disease Management	1-888-416-3025

#### Clarification: Provider online services enhanced

In the November issue of *BlueAlert*, BCBST announced over the next few months it was enhancing its eHealth provider online services allowing providers to perform online predetermination requests for a number of procedures, durable medical equipment, and pharmacy drugs.

At this time, these enhanced services are not available for BlueCare or TennCareSelect members. We apologize for any inconvenience this may have caused.

**Remember BlueAlert is  
now on BlueAccess!**

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

**ADMINISTRATIVE**

**Reminder: Vaccinate against flu**

The Centers for Medicare & Medicaid Services (CMS) has developed an 8.5" x 11" bilingual poster to help communicate, especially to seniors and vulnerable populations, that Medicare and Medicaid cover the seasonal and H1N1 flu vaccines. The poster is available for download at <[http://www.tnpharm.org/FluPoster\\_2009\\_Final\\_508.pdf](http://www.tnpharm.org/FluPoster_2009_Final_508.pdf)>.

CMS asks that it be posted in places where Medicare patients will see it, helping them understand the need for their seasonal flu shot and letting them know they can get the H1N1 vaccine once high-risk groups are vaccinated.

CMS encourages Medicare practitioners to refer patients to [www.flu.gov](http://www.flu.gov) if they need more information about the seasonal and H1N1 flu vaccines. Information for practitioners, mass immunizers and others who want to bill Medicare for the flu vaccines can be obtained at [www.cms.hhs.gov/adultimmunizations](http://www.cms.hhs.gov/adultimmunizations).

BlueCross BlueShield of Tennessee fully-insured members will receive full coverage for the seasonal flu and H1N1 vaccination, including those in TennCare and Medicare Advantage plans. However, providers are reminded not all BCBST health care plans cover influenza immunizations. Benefits can be verified by calling the appropriate BCBST Provider Service line<sup>†</sup>. Detailed billing and reimbursement guidelines can be referenced in the October 2009 issue of *BlueAlert*.

**Recovery audit contractor program**

As previously disclosed by the Centers for Medicare & Medicaid Services (CMS), the Recovery Audit Contractor (RAC) program has begun. Tennessee is included in Region "C" with Connolly Consulting, Inc. serving as the Recovery Audit Contractor and Viant Payment Systems, Inc. serving as the

subcontractor. The mission of the RAC program is to "...reduce Medicare improper payments through the efficient detection and collection of overpayments, the identification of underpayments and the implementation of actions that will prevent future improper payments." BCBST will begin accepting RAC initiated secondary adjustment claims through the Coordination of Benefits Contractor (COBA) crossover process starting in December 2009.

Claims will not be crossed over to BCBST before the RAC has issued a demand letter and a Remittance Advice has been sent showing the claim adjustment with Remark Code N432 "Adjustment Based on Recovery Audit".

More information about the Recovery Audit Contractor (RAC) program may be found on the CMS Web site at [www.cms.hhs.gov/RAC/](http://www.cms.hhs.gov/RAC/), through MLN articles, and through the following CMS press release: "CMS ENHANCES PROGRAM INTEGRITY EFFORTS TO FIGHT FRAUD, WASTE AND ABUSE IN MEDICARE" from Monday, October 06, 2008, located online at <[http://www.cms.hhs.gov/apps/media/press\\_releases.asp](http://www.cms.hhs.gov/apps/media/press_releases.asp)>.

Note: This information does not apply to BlueCare or TennCareSelect.

**Reminder: Reimbursement guidelines for substitute high-tech imaging procedures**

Effective May 22, 2007, BlueCross BlueShield of Tennessee began reimbursing for substitute high-tech imaging procedures performed in place of procedures previously authorized by MedSolutions when the CPT<sup>®</sup> code for the substitute procedure fell into an established "family of codes"; and the procedure was of **less** intensity than the originally authorized procedure. Example: Procedure code 70460, *CT Head or Brain with Contrast*, was authorized, but procedure code 70450, *CT Head or Brain without Contrast*, was actually performed.

If a procedure is substituted for a **higher** intensity procedure at the point-of-service, it is still necessary to call MedSolutions and update the authorization to ensure

reimbursement. Example: Procedure code 70450, *CT of the Brain without Contrast*, was authorized by MedSolutions, but at the point-of-service, procedure code 70460, *CT Head or Brain with Contrast*, was performed. Any questions regarding this favorable change, please contact your Provider Network Manager.

**BCBST transitioning to new mailing addresses\***

BlueCross BlueShield of Tennessee is transitioning from P O Box numbers to four-digit zip code extensions and suite numbers for improved enhancement to our current processes.

As we transition, we will begin phasing out the P O Box numbers to allow time for you to make system or other necessary changes. We would like you to begin using the new suite numbers and four digit zip code extensions effective immediately; however, if the U.S. Post Office receives correspondence using the old P O Box numbers during this transition, your mail will be routed appropriately to BCBST for a limited time. **Once the PO Box expires, it is important to know that the mail will not be forwarded to us if "Return Service Requested" is on the envelope.**

Eliminating the PO Box numbers will help us receive your correspondence more efficiently, thus allowing a faster response to you. Listed below are two specific addresses for use with all lines of business:

**Claims:**

BlueCross BlueShield of Tennessee  
1 Cameron Hill Circle, Suite 0002  
Chattanooga, TN 37402-0002

**Medical records:**

BlueCross BlueShield of Tennessee  
1 Cameron Hill Circle, Suite 0037  
Chattanooga, TN 37402-0037

Other address changes can be found in the 4th quarter update to BCBST and VSHP provider administration manuals. If you receive correspondence from BlueCross BlueShield of Tennessee requesting information, please use the suite number indicated on the correspondence to return the additional documentation.

## BlueCare/TennCareSelect

### ADMINISTRATIVE

#### Reminder: Hospice billing guidelines

As communicated in November 2008 *BlueAlert*, the Healthcare Insurance Portability and Accountability Act of 1996 (HIPAA) does not allow both inpatient and outpatient services to be billed on the same Institutional claim form. Claims filed with **both** inpatient and outpatient codes will be rejected.

Hospice providers may bill with either Type of Bill (081x or 082x) as long as the inpatient and outpatient services are on separate claims. The *Statement From/Thru Dates* must also correspond with the total days billed on the inpatient care.

You may review these billing guidelines in the *VSHP Provider Administration Manual* located on the Provider page of our company Web sites, [www.vshptn.com](http://www.vshptn.com) and [www.bcbst.com](http://www.bcbst.com) or on the quarterly *BlueSource* Provider Information CD. If you have any questions, please call the appropriate BlueCare or TennCareSelect Provider Service line<sup>†</sup>.

#### Change to prior authorization requirements for CPT<sup>®</sup> 19300

Effective Jan. 1, 2010, Mastectomy for Gynecomastia, CPT<sup>®</sup> code 19300, will no longer require prior authorization for BlueCare or TennCareSelect members.

These claims, however, will pend in our system for nurse review. Submitting clinical documentation supporting medical appropriateness along with the claim will help expedite review.

## BlueAdvantage<sup>®</sup> (BlueCross BlueShield of Tennessee's Medicare Advantage Product)

### ADMINISTRATIVE

#### Reminder: referring members to BCBST participating providers

It is always important to remember to refer your patients to other BlueCross BlueShield

of Tennessee contracted providers, which includes sending patients for lab work. BCBST contracts with laboratories just as we do with physicians and hospitals.

If you are not sure of other participating providers in your area, please refer to the *BCBST Referral Directory of Network Providers* on the company Web site, [www.bcbst.com](http://www.bcbst.com) or call our Provider Service line<sup>†</sup> for assistance. Establishing a pattern of always referring to other participating providers will greatly reduce any unnecessary costs to the patient, as well as maintain compliance with your BCBST Provider Agreement.

#### Reminder: Multiple products under BlueAdvantage PPO

BCBST offers two Medicare Advantage Preferred Provider Organization (PPO) products: BlueAdvantage Sapphire and BlueAdvantage Diamond. Effective Jan. 1, 2010, we will be offering members a third PPO option, *BlueAdvantage Ruby*.

Recently, there has been some confusion by providers whether they accept members covered by one of these products. Please keep in mind these product names simply identify the member's benefit package within the BlueAdvantage PPO plan. If you are a contracted BlueAdvantage PPO provider, you have agreed to treat members covered under BlueAdvantage PPO whether their benefit package is BlueAdvantage **Sapphire**, BlueAdvantage **Diamond**, or our newest addition, BlueAdvantage **Ruby**.

## BlueCard<sup>®</sup>

### ADMINISTRATIVE

#### Claims run-out period for La Cruz Azul de Puerto Rico

Effective Jan. 1, 2010, claims for services rendered prior to July 1, 2009, for La Cruz Azul members will be returned. The licensing rights of the Blue Cross brand in Puerto Rico has been transferred to Triple-S Management Corporation.

The La Cruz Azul member ID cards have alpha prefixes ZTA, ZTB, ZTC, and ZTD

and should no longer be accepted.

If you have questions, please call us at 1-800-705-0391.

## CoverTN

### ADMINISTRATIVE

#### Reminder: HealthyTNBabies is maternity coverage for CoverTN members

If a pregnant CoverTN member meets eligibility requirements, she is allowed maternity coverage through *HealthyTNBabies*, the State of Tennessee's maternity coverage for CoverTN members. During the pregnancy, the member will maintain coverage under both plans – CoverTN for non-pregnancy services and *HealthyTNBabies* for all pregnancy-related services.

It is important providers do not delete the CoverTN coverage information on their patients while the member is covered under *HealthyTNBabies*. Once the baby is delivered, the *HealthyTNBabies* coverage will cease.

## VisionBlue

### ADMINISTRATIVE

#### Filing routine VisionBlue claims appropriately

Effective Jan. 1, 2010, routine VisionBlue claims should be submitted to EyeMed VisionCare. All other routine vision claims should continue to be filed with BlueCross BlueShield of Tennessee.

Please check the back of the member's ID card when determining whether claims should be submitted to BCBST or EyeMed VisionCare. Any VisionBlue claims filed to BCBST in error will be returned to the provider with Reject Code 650090, "Claim must be filed with EyeMed".

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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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*Season’s Greetings*

**BlueCross BlueShield of Tennessee offices will be closed  
Dec. 24 & 25, 2009  
and  
Jan. 1, 2010  
in observance of the  
Holiday Season**

