

February 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 March 12, 2009

- Enoxaparin Sodium
- Bendamustine
- Bevacizumab
- Photodynamic Therapy (PDT) for the Treatment of Actinic Keratoses
- Botulinum Toxin
- Romiplostim

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

New drugs added to commercial specialty pharmacy listing

Effective Jan. 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:

Camptosar
Hycamtin
Nplate
Treanda

Self-administered via pharmacy benefit:

Xenazine (PA)

ADMINISTRATIVE

Reminder: Always include correct phone and fax numbers when submitting online Web authorization

Effective mid March, provider fax numbers will be required information when submitting online Web authorizations. It is important to always include the correct provider contact phone number and fax number in the event a nurse reviewer needs to contact you regarding the authorization request.

Clarification for reporting Present on Admission (POA) Indicator Option "1"*

Effective April 1, 2008, for all inpatient admissions to general acute care hospitals, BlueCross BlueShield of Tennessee began requiring the "Present on Admission" code on diagnoses for discharges on or after Dec. 31, 2007. Based on National Coding Standard guidelines, BlueCross BlueShield of Tennessee offers the following clarification for utilizing POA Indicator Option "1":

When filing electronic ANSI 837

inpatient facility claims, providers should enter Indicator Option "1" in the POA field if:

- the diagnosis code is exempt from POA reporting; OR
- the facility[‡] is exempt from POA reporting.

When filing paper CMS-1450 (UB04) inpatient facility claims, the POA field should be left blank if:

- the diagnosis code is exempt from POA reporting; OR
- the facility[‡] is exempt from POA reporting.

[‡]Exempt facilities are critical access hospitals, Maryland waiver hospitals, LTC hospitals, cancer hospitals, and children's inpatient facilities.

When any other POA Indicator Options apply, they should be reported in the POA field on **both** electronic and paper claims.

Claims will reject if:

- POA "1" is submitted on a paper CMS-1450 (UB04) inpatient claim;
- POA is left blank on an electronic inpatient claim; or
- POA is required, but not submitted.

No change to BCBST reimbursement guidelines for oxygen rental

Although Medicare implemented the 36-month cap on oxygen rental beginning Jan. 1, 2009, BCBST will continue to handle all oxygen systems as a continuous rental for its Commercial, BlueAdvantage and TennCare members.

All supplies and oxygen contents will continue to be included in the rental of the oxygen equipment and will not be reimbursed separately.

BlueCare/TennCare>Select ADMINISTRATIVE

Billing guidelines for behavioral health licensure levels

To receive appropriate reimbursement, BlueCare Behavioral Health providers are advised to bill the correct modifier code in accordance with their licensure levels.

The modifiers are:

- UA= MD Level
- HP = Doctoral Level
- HO = Masters Level
- SA = Nurse Practitioner Rendering Service In Collaboration With a Physician

Note: This guideline does not apply for TennCare>Select.

BlueCare/TennCareSelect
ADMINISTRATIVE

Reminder: Home health/Private duty nursing billing guidelines

Billing of home health (HH) intermittent visits must be billed in 15 minute increments, rounded to the nearest hour and filed with the appropriate procedure code GO154 and GO156.

Extended visit codes, S9122, S9123 and S9124 should be filed for services 2 hours or more per day when the member does not qualify for private duty nursing. Private duty nursing (PDN) services are for members who require continuous skilled nursing care (eight or more hours during a 24-hour period) provided by a registered nurse or licensed practical nurse under the direction of the recipient's practitioner.

HH/PDN coding for members under age 21 years:

For purposes of billing, home health agencies have been instructed to use private duty nursing codes (T codes) for patients who meet the adult criteria for PDN care (i.e. vent/trach patients), all other nursing care that is not provided as a visit, would be coded using the skilled nursing/hour codes (S Codes).

As a reminder, children are eligible to have aides and nurses accompany them outside the home under certain circumstances defined by rule. The coding decision described above does not in any way drive the determination of whether a nurse may accompany a child outside the home.

We encourage you to review the billing guidelines and criterion for private duty nursing available in the *VSHP Provider Administration Manual* located on the Provider page of our company Web sites, www.vshptn.com and www.bcbst.com or the *BlueSource* Provider Information CD.

If you have questions, please call the appropriate BlueCare or TennCareSelect Provider Service line[†].

Continuation of benefits for members over age 21 years*

On Sept. 9, 2008, Volunteer State Health Plan began the implementation of home health/private duty nursing benefits in accordance with the Bureau of TennCare guidelines.

When an enrollee over age 21 files an appeal and requests continuation of benefits and it is determined the current services will continue, the appeal will be expedited and a decision made quickly. As an expedited appeal, it is important for home health agencies to work with VSHP in obtaining a new physician order that can be used in the event the appeal is upheld.

The approval criterion for continuation of benefits requests for members over the age of 21 for Private Duty Nursing and/or Home Health Aide is available on the company Web sites, www.vshptn.com and www.bcbst.com.

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

ADMINISTRATIVE

Online Web authorization available for BlueAdvantage

Have you submitted Web authorization or advanced determination requests for your commercial members? If so, we would like for you to know this service is now available for your BlueAdvantage patients. If you have not used this service before and would like to know more, please log on to *BlueAccess*, the secure area on the company Web site, www.bcbst.com and visit the e-Health Services section. Providers can also review our online Web Authorization Submission tutorial located at <http://www.bcbst.com/providers/training/CarAuth/player.html>.

BlueCard[®]

ADMINISTRATIVE

BlueCross BlueShield of Mississippi announces its new wellness program – *Healthy You!*

BlueCross BlueShield of Mississippi (BCBSMS) developed its *Healthy You!* wellness program to help identify potential health risks before they become serious. This wellness benefit covers annual health screenings and immunizations for a number of BCBSMS members based on age and gender.

Some BlueCross BlueShield of Tennessee providers may be seeing these out-of-state members for their *Healthy You!* wellness examinations. Providers can verify eligibility and benefits for members from other Blues plans via *BlueAccess* on our company Web site, www.bcbst.com or by calling **1-800-676-BLUE (2583)**. We encourage you to check eligibility prior to rendering any services.

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† Provider Service lines

Featuring "Touchtone" or "Voice Activated" Responses"

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

Note: If you have 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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*These changes will be included in the appropriate 1Q 2009 provider administration manual update. Until then, please use this communication to update your provider administration manuals. BlueCross BlueShield of Tennessee, Inc., is an Independent Licensee of the BlueCross BlueShield Association. [®]Registered marks of the BlueCross BlueShield Association of Independent BlueCross BlueShield Plans CPT[®] is a registered trademark of the American Medical Association