

November 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 Dec. 12, 2009

- Golimumab
- Intravenous Immune Globulins
- Degarelix
- Dexamethasone Intravitreal Implant
- Tadalafil
- Everolimus
- Certolizumab Pegol
- Bevacizumab
- Sorafenib
- Mitoxantrone (Systemic)
- In Vivo Analysis of Colorectal Polyps
- Positron Emission Tomography (PET) for Oncologic Applications
- Shoulder Resurfacing
- Transurethral Microwave Thermotherapy
- Transcatheter Hepatic Arterial Chemoembolization

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

#### New drugs added to commercial specialty pharmacy listing

Effective Oct. 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:

Degarelix            Feraheme  
Ilaris                RiaSTAP

##### Self-administered via pharmacy benefit:

Adcirca (PA)  
Sabril (PA)  
Tyvasco (PA)

#### Reminder: Synagis® effective in reducing hospitalizations

Respiratory Syncytial Virus (RSV) season is approaching. Synagis® (palivizumab) has been shown to be effective in reducing hospitalizations for children at high risk for RSV infection. BlueCross BlueShield of Tennessee recognizes the beginning of Synagis® season on November 1 and its duration through the end of March. Our medical policy on Synagis® can be viewed online at

<http://www.bcbst.com/mpmanual/!SSL!/WebHelp/Palivizumab.htm>.

A downloadable Synagis® enrollment form is also available on the Provider page on the company Web site, [www.bcbst.com](http://www.bcbst.com) under "Pharmacy".

For commercial members, Synagis® should be billed directly to BlueCross BlueShield of Tennessee using CPT® code 90378. Synagis® requires prior authorization for both medical and pharmacy benefits. To request prior authorization, call the appropriate Provider Service line or contact one of the following Preferred Specialty Pharmacy vendors listed below:

##### Caremark Specialty Pharmacy

Phone: 1-800-237-2767  
Fax: 1-800-323-2445

##### CuraScript Pharmacy

Phone: 1-888-773-7376  
Fax: 1-888-773-7386

##### Accredo Health Care

Phone: 1-888-239-0725  
Fax: 1-866-387-1003

#### 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 Oct. 1, 2009:

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

Bysolic  
Coreg CR  
Savella  
Trilipix  
Venlafaxine ER

#### Clinical practice guidelines adopted

BlueCross BlueShield of Tennessee has adopted the following guidelines as recommended best practice references:

##### Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease (2008).

<http://www.goldcopd.org/index.asp?11=1&12=0>

##### Practice parameter: Evidence-based Guidelines for Migraine Headache (an evidence-based review): Report of the Quality Standards Subcommittee of the American Academy of Neurology.

<http://www.neurology.org/cgi/reprint/55/6/754.pdf>

##### 1998: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report.

[http://www.nhlbi.nih.gov/guidelines/obesity/ob\\_gdlns.pdf](http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.pdf)

Hyperlinks to these guidelines are available within the BlueCross BlueShield of Tennessee Health Care Practice Recommendations Manual, which can be viewed in its entirety on the company Web site at <http://www.bcbst.com/providers/hcpr/>. Paper copies can be obtained by calling 1-800-924-7141, ext. 6705.

**BlueAlert is now  
available on BlueAccess!**

**BlueCross BlueShield of Tennessee, Inc. (BCBST)**  
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**CLINICAL (cont'd)**

**BCBST focuses on improved quality care and service**

The BlueCross BlueShield of Tennessee Quality Improvement Program (QIP) focuses on improving the quality and safety of clinical care and service received by its commercial, TennCare and Medicare Advantage members. As part of the QIP, BCBST conducts member education and other activities to improve rates on clinical initiatives.

Despite efforts by BlueCross BlueShield of Tennessee and our network providers to increase screenings, several rates continue to be below the national benchmark. The following HEDIS® 2009 results show more emphasis is needed to increase rates for the following measures:

Product	HEDIS Measure		
	Retinal Eye Exam	Mammo gram	Pap Test
BlueCare	44.74%	47.60%	66.67%
TennCareSelect	36.50%	21.25%	45.99%
Commercial	37.80%	68.06%	73.64%
Medicare Advantage	59.19%	71.22%	N/A

The Quality Improvement and Outreach Departments at BlueCross BlueShield of Tennessee are planning new initiatives to specifically promote these screenings. Health care providers, due to their direct patient contact, also play an essential role in actively encouraging patients to undergo appropriate screenings.

VSHP providers can help improve preventive screening rates for their BlueCare and TennCareSelect members by participating in VSHP-sponsored community health events featuring onsite screenings at these events are eligible for reimbursement at their contracted rates. Providers who provide screenings at these events are eligible for reimbursement at their contracted rates. Providers can also host an outreach event for their BlueCare and TennCareSelect patients at their practice location. Providers may contact Sheila Keith at (423) 535-7603 for more information.

The Preventive Services section of the

Provider page on the company Web site, [www.bcbst.com](http://www.bcbst.com), offers links and resources to assist providers in performing and promoting preventive care. For additional information on the BlueCross BlueShield of Tennessee Quality Improvement Program, please call (423) 535-6705.

**ADMINISTRATIVE**

**Red flags rule**

The Federal Trade Commission (FTC) issued a final rule (Red Flags Rule) on Nov. 9, 2007, which requires financial institutions and “creditors” to develop and implement written identity theft prevention programs, as part of the Fair and Accurate Credit Transactions Act of 2003. The FTC has interpreted physicians to be “creditors” and, therefore, subject to the compliance obligations of the Red Flags Rule.

The American Medical Association (AMA) has attempted to get physician practices exempt from this Rule, but so far have not been successful. In accordance with the FTC ruling, provider practices must have “reasonable policies and procedures in place” by Nov. 1, 2009.

To learn more how your practice can comply with the Red Flags Rule, visit the AMA Web site, [www.ama-assn.org](http://www.ama-assn.org) or call 1-800-262-3211 and ask for AMA Practice Management Center.

**H1N1 billing and reimbursement guidelines**

The following billing and reimbursement guidelines are offered to assist you when filing claims for the administration of the H1N1 influenza vaccine:

When filing an H1N1 claim for...	use HCPCS codes:
Commercial* (CoverTN, CoverKids, AccessTN)	G9141 and G9142 or 90470 and 90663 (File serum code)
BlueCare, or TennCareSelect,	G9141 and G9142 or 90470 and 90663 (File serum code)
Medicare Advantage	G9141 only (Do not file serum code)

The H1N1 vaccine is being supplied to providers free of charge. Regardless of the age of the member, BlueCare and

TennCareSelect will reimburse \$10.25 for the administration of the vaccine. All other lines of business will follow the Centers for Medicare & Medicaid Services (CMS) guidelines reimbursing G9141 the same as 90470 according to provider contracted rates.

Typically, TennCare does not provide pharmacies an administration fee for vaccines; however, this flu season, pharmacies will be reimbursed the \$10.25 administration fee via SXC Health Solutions for the H1N1 vaccine administered to TennCare members.

\*Not all BlueCross BlueShield of Tennessee self-funded plans cover immunizations. We encourage you to check with the member’s specific health care plan to verify benefits.

**Federal mental health parity dates approaching**

The Mental Health Parity and Addiction Equity Act of 2008 amends the Employment Retirement Income Security Act (ERISA) and the Public Health Services Act prohibiting employers’ health plans from imposing any caps or limitations on mental health treatment or substance use disorder benefits that are not applied to medical and surgical benefits. It also requires that member out-of-pocket expenses (copays, coinsurance, deductible) for mental health and substance abuse be no more restrictive than member cost share for medical care.

For more information about mental health parity, please visit the Provider page on BlueCross BlueShield of Tennessee’s Web site, [www.bcbst.com](http://www.bcbst.com). Once there, choose:

- Commercial Behavioral Health
  - Linking to Magellan
    - Provider Focus
      - Summer 2009

**Reminder: All Blue 2009 Q & As**

If you submitted questions during the All Blue 2009 online registration process, you can view the questions and answers on our Web site at [www.bcbst.com/providers/materials/](http://www.bcbst.com/providers/materials/).

## BlueCross BlueShield of Tennessee, Inc. (BCBST)

(Applies to all lines of business unless stated otherwise)

### ADMINISTRATIVE

#### Change in reimbursement for multiple procedure claims filed with modifier 59\*

Effective Feb. 1, 2010, to be consistent with CMS, BlueCross BlueShield of Tennessee will be changing the reimbursement amount for some multiple procedure claims when filed with modifier 59 for the commercial lines of business.

The physician may need to indicate a procedure or service was distinct or independent from other services performed on the same day. This may represent a different session or patient encounter, different procedure or surgery, different site, or organ system, separate incision/excision, or separate injury (or area of injury in extensive injuries). Although modifier 59 is used to indicate a distinct procedural service, it should only be used as a modifier of last resort.

The multiple procedure reduction is based on the multiple procedure indicators published by Medicare in the National Physician Relative Value Fee Schedule and/or Program Memorandums/Transmittals (these documents are located on the Centers for Medicare & Medicaid (CMS) Web site at [www.cms.gov/](http://www.cms.gov/)) and will apply to codes with a multiple procedure indicator of "2" or "3".

BCBST will reimburse 100 percent of the fee schedule amount for the highest valued procedure and 50 percent of the fee schedule amount for the additional eligible procedures. This reimbursement is consistent with CMS reimbursement.

#### Provider online services enhanced

Over the next few months BCBST will be enhancing our provider online services located on the company Web site, [www.bcbst.com](http://www.bcbst.com). Providers, through our Service Center feature on BlueAccess can create and submit authorizations for home health services. Home health services included are: medical social services,

skilled nursing visits, and home physical, occupational and speech therapies.

Providers can perform online predeterminations for durable medical equipment including electrical bone growth stimulation and oral appliances for management of mild to moderate obstructive sleep apneas. This includes specialty pharmacy drugs, Botulinum Toxin and Synvasc.

Effective Jan. 1, 2010, outpatient Endometrial Ablation will require prior authorization. With the enhanced BlueAccess, providers can submit these prior authorizations via the Service Center.

#### Reminder: Recoupment of inappropriate payment

BCBST will not make payment to an Acute Care Facility for any CPT<sup>®</sup>/HCPCS codes where the UB-Editor indicates it is not appropriate to reimburse for these codes in an Acute Care Hospital Outpatient setting. In the circumstance that an inappropriate payment has occurred, BCBST reserves the right to re-coup the reimbursement as necessary.

## BlueCare/TennCareSelect

### ADMINISTRATIVE

#### Reminder – Don't forget to submit your disclosure form

Federal regulations require Volunteer State Health Plan (VSHP) maintain disclosure of ownership and controlling interest information on all contracted providers receiving Medicaid payments.

If you have not completed the *Disclosure of Ownership and Control Interest Statement* form, please call Provider Service at 1-800-924-7141, Monday through Friday, 8 a.m. to 5 p.m. (ET) and choose the "Network Contracting" option. The form is also available online at [www.bcbst.com/providers/Disclosure.pdf](http://www.bcbst.com/providers/Disclosure.pdf).

Note: VSHP is required to report any noncompliance with the disclosure information to the Bureau of TennCare who will report to the Centers for Medicare & Medicaid Services (CMS). Noncompliance can result in payment delays and possible

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recoupment of previously paid Medicaid monies.

#### Volunteer State Health Plan (VSHP) new edit requirements

Beginning Dec. 1, 2009, VSHP will begin implementing a new set of electronic claim edit requirements to improve the reporting capability of accurate claims data to the Bureau of TennCare. The Contractor Risk Agreement between VSHP and the Bureau of TennCare requires BlueCare and TennCareSelect to submit all data relevant to the adjudication and payment of claims according to standards and formats as defined by TennCare. These edits include the validation of code sets filed, such as:

- ICD-9-CM procedure codes
- ICD-9-CM diagnosis codes
- CPT<sup>®</sup>/HCPCS codes
- Revenue codes
- Type of Bill codes
- Place of Service codes
- Admission Source codes
- Occurrence codes
- Value codes
- Modifier codes
- Patient Status codes

Also included are edits for:

- Balancing of claim information
- Appropriate filing of date parameters
- Validity of Zip codes
- Validity of State codes

These new edits will be listed on the eBusiness Technical Information page under Supplemental BlueCare/TennCareSelect Edits on the company Web site, [www.bcbst.com](http://www.bcbst.com). Claims non-compliant with these edits will be returned to the provider.

If you have any questions, please call the eBusiness Service Center at 423 535-5717 or e-mail [Ecomm\\_techsupport@bcbst.com](mailto:Ecomm_techsupport@bcbst.com). Technical support is available Monday through Friday, from 8 a.m. to 6:30 p.m. (ET).

#### Correction: FluMist nasal spray

In October issue of *BlueAlert* we incorrectly reported *FluMist* is available under the Vaccines for Children (VFC) Program for children ages 5 through 18 years. The correct ages are 2 through 18 years.

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

**ADMINISTRATIVE**

**BlueAdvantage member information available through Shared Health®**

The secure online health records of BlueAdvantage members are available through Shared Health. Providers can access their BlueAdvantage patients' Clinical Health Record (CHR) and manage their BlueAdvantage patients' care through Shared Health.

Shared Health allows doctors who are registered on Shared Health to write prescriptions from their own computers and send them directly to any BlueAdvantage patient's pharmacy through the ePrescribe feature.

Shared Health ePrescribe® gives providers critical information about prescriptions for BlueAdvantage patients:

- The medicines that BlueAdvantage reimburses
- The medicines that need BlueAdvantage's prior authorization or quantity limits;
- BlueAdvantage patients' medication claims history; and
- Drug interactions that could potentially harm a patient.

**Benefits of using Shared Health:**

- Allows more time for patient care and less time for administrative paperwork.
- Protects valuable medical information in the case of a catastrophic event such as Hurricane Katrina.
- Improves preventative care by giving a more holistic view of your patients.
- Helps emergency departments quickly access relevant patient information when time is crucial.

If you have additional questions, or would like to become a registered clinician please contact Shared Health at 1-888-283-6691.

**How do providers influence risk adjustment data?**

Risk Adjustment is the process by which the Centers for Medicare & Medicaid Services (CMS) reimburse Medicare Advantage (MA) plans, such as BCBST, for the health status and demographic characteristics of their enrollees.

CMS looks to providers to code identified conditions accurately using ICD-9-CM guidelines with supporting documentation of those codes in their medical record.

Providers influence risk adjustment data by:

- Submitting medical records timely upon request
- Documenting clearly, completely and legibly in the medical record
- Documenting coexisting conditions and treatment at least annually
- Using standard abbreviations
- Identifying patient and date of service on each page of the record (**CMS requirement**)
- Authenticating the record with a legible signature and credentials (**CMS requirement**)
- Coding to the highest level of specificity using ICD-9-CM coding guidelines and document in the medical record accordingly.

**BlueCard®**

**ADMINISTRATIVE**

**Verifying eligibility of limited benefit products**

Verifying Blue patients' benefits and eligibility is now more important than ever since new products and benefit types entered the market. In addition to patients having traditional Blue PPO, HMO, POS or other coverage, typically with high lifetime coverage limits (i.e. \$1 million or more), you may now see patients whose annual benefits are limited to \$50,000 or less.

Currently BlueCross BlueShield of Tennessee offers limited benefit plans to its members, so you may see patients having limited benefits who are covered by another Blue Plan.

BlueCross BlueShield of Tennessee's,

CoverTN product is a limited benefit plan. It has an ID card with a red stripe at the bottom and "Limited Benefits" in red at the top.

For more information about Limited Benefit Products, please visit the *News* section on the Provider page on our company Web site, [www.bcbst.com](http://www.bcbst.com).

**Reminder: Coordination of benefits and patient liability**

Coordination of benefits (COB) refers to how the Blue System ensures members receive full benefits and helps prevent double payment for services when a member has coverage from two or more sources. The member's contract language explains which entity has primary and secondary responsibility for payment.

For more information on COB claims and patient liability, visit the "News" section on the Provider page on our company Web site, [www.bcbst.com](http://www.bcbst.com).

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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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\*These changes will be included in the appropriate 4Q 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