

October 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 Nov. 14, 2009

- Meniscal Allograft Transplantation
- Cryosurgical Ablation for the Treatment of Renal Tumors
- Cryosurgical Ablation for the Treatment of Prostate Tumors
- Microarray-based Gene Expression Testing for Cancers of Unknown Primary

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

#### Modified Utilization Management Guideline updates/changes

BlueCross BlueShield of Tennessee's Web site has been updated to reflect upcoming modifications to select Modified Utilization Management Guidelines. The *Modified Utilization Management 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 Nov. 20, 2009

*The following as relates to Home Health:*

- Skilled Nursing Visits - Invasive

*The following as relates to Rehabilitative Care:*

- Skilled Nursing Facility (SNF) Admission
- Skilled Nursing Facility/Inpatient Rehabilitation Fax Form

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

#### Improving treatment and care for chronic illnesses

We are pleased to announce that beginning in October members who suffer with certain less common chronic medical conditions such as hemophilia, Parkinson's, cystic fibrosis and others, will have access to a new program that will help them better manage their treatment. These members will be offered information regarding more effective treatment and self management techniques should help them maintain the quality of life that they desire. We will also work with providers to help educate their patients and stress the importance of adhering to their specified treatment programs. Members who choose to participate in the program will have access to:

- Nursing support via telephone 24-hours-a-day
- Monthly newsletters with preventive tips
- Web based information regarding their condition
- Various types of health resources

Providers who treat members choosing to participate in this program will be notified. We look forward to working with you to help improve the health of these members

**Note:** At this time, this program is only available for BCBST commercially insured members.

### ADMINISTRATIVE

#### Federal government providing H1N1 influenza vaccine at no cost

This fall, to protect the public from the 2009 H1N1 pandemic influenza virus, the federal government is developing a program to provide states with the pandemic vaccine and supplies (needles, syringes, sharps

containers, alcohol swabs) at no cost to the states. It is estimated that approximately 120 million doses will be available over the first month of shipping and that enough vaccine will be distributed to fully meet U.S. demand in less than 6 months. The Tennessee Department of Health (TDOH) will be responsible for directing the vaccine and supplies shipments in the State of Tennessee. We will continue to communicate new information on the program as it becomes available to us.

The TDOH is offering the opportunity for health care providers interested in having vaccine and supplies shipped to their facility. Pre-registered representatives will receive e-mail updates about the program and important information on how to store, handle and administer the vaccine properly.

Pre-registration is a two-step process:

1. Register for access to the Tennessee Web Immunization System (TWIS) at <http://health.state.tn.us/twis/>.
2. Select **Online Registration Request** and follow the prompts.

Once registered, or if you are already a registered TWIS user, you can log on and go to the online pre-registration form for the pandemic vaccine. Please note that an individual facility/practice should only register one time.

Once the program is finalized, points of contact will receive a federal pandemic vaccine provider agreement and instructions for ordering vaccine and supplies.

Because the program is still under development, the TDOH cannot guarantee that all pre-registered providers will receive vaccine directly shipped to them or the timing or size of shipments; however, vaccine is expected to begin shipping through this mechanism by mid October.

If you need any assistance with the registration process, please contact the TWIS Help Desk at 1-888-894-7435.

# BlueCross BlueShield of Tennessee, Inc. (BCBST)

(Applies to all lines of business unless stated otherwise)

## ADMINISTRATIVE

### BCBST to cover the administration of H1N1 flu vaccinations for its members

BCBST fully-insured members will receive full coverage for the H1N1 vaccination when it becomes available, including those in TennCare and Medicare Advantage plans. The Centers for Medicare & Medicaid Services (CMS) has created the code G9141 Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family) for this service. For members using an in-network provider, there will be no copay, deductible or coinsurance. We will pay network providers at the contracted rate to provide the immunizations to their patients. Members whose employers have a self-funded plan will need to check with their employer to determine coverage.

To further help fight the flu this year, BCBST has taken steps to ensure the antiviral prescription drugs Tamiflu® (oseltamir) and Relenza® (zanamivir) – commonly prescribed to treat the symptoms of flu – are more affordable. These changes apply only to members with BCBST prescription drug coverage; however, these savings may not apply to members with BlueAdvantage or BlueRx drug coverage. All members should contact their plan administrator to confirm drug coverage.

Additionally, VSHP has removed its prior authorization requirement for these drugs for BlueCare and TennCareSelect children under age 5 years.

### Reminder: Regular seasonal flu remains a threat

With all the attention on the H1N1 pandemic influenza virus, it is important providers remember to vaccinate against the regular seasonal flu. Seasonal influenza continues to be a major health threat year after year.

Providers are reminded not all BlueCross BlueShield of Tennessee health care plans cover influenza immunizations. Benefits can be verified by calling the appropriate Provider Service line<sup>†</sup>.

The following regular seasonal influenza immunization guidelines apply:

#### Commercial

- **Vaccine and administration**  
Covered if member's health care plan has a Well care rider
- **FluMist® nasal spray** (recommended for healthy individuals ages 2-49)  
Entire cost may not be covered and member may be responsible for any charges that exceed the standard reimbursement amount

If your commercial patients elect to have the *FluMist®* nasal spray, a *FluMist®* financial acknowledgement form is available online for provider use at <http://www.bcbst.com/providers/forms/FluMist.pdf>.

**Note: If you utilize the waiver form, you are still required to file a claim with BlueCross BlueShield of Tennessee for the services.**

#### BlueCare or TennCareSelect

- **Vaccine and administration**
  - Covered
- Note:** Providers who normally receive influenza vaccine through the Vaccine for Children (VFC) program may use their purchased supply and submit claims using a Modifier 32 to receive fee for service reimbursement **only** when the VFC supply is depleted or delayed.
- **FluMist® nasal spray** (recommended for healthy individuals ages 2-49)
  - Covered

Note: *FluMist®* is available under the Vaccines for Children (VFC) Program for children ages 5 through 18 years.

### Does the Tennessee Department of Health have your current contact information?

The Tennessee Department of Health (TDOH) is requesting assistance in ensuring all providers report their current Professional License information.

To update the state's licensing database, visit the state's Web site at [www.tennesseeanytime.org/hhrs/begin.jsp](http://www.tennesseeanytime.org/hhrs/begin.jsp) and click on the link "Begin here to update your Professional License information and/or renew your Professional License".

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### BCBST billing guideline exceptions for serious reportable adverse events ("never events")\*

In conjunction with the Dec. 1, 2009, implementation of the Centers for Medicare & Medicaid Services (CMS) guidelines for serious reportable adverse events ("never events") addressed in August *BlueAlert*, the following BCBST billing guideline exceptions apply:

HCPCS codes will be required for **all** outpatient service lines related to the three (3) never events established in conjunction with appropriate surgical error modifiers; PA, PB, or PC.

The appropriate E code<sup>‡</sup> should be attached to all claims to explain surgical error diagnosis as follows:

- **E876.5** - Performance of wrong operation (procedure) on correct patient. (Revised description 10/1/2009)
- **E876.6** – Performance of operation (procedure) on patient not scheduled for surgery.
- **E876.7** – Performance of correct operation (procedure) on wrong side/body part.

<sup>‡</sup>An E code cannot be filed as the principal/primary diagnosis on a claim per National Standard Coding Guidelines.

**Note:** In addition to the standard BCBST billing guideline exceptions indicated above, we will follow CMS guidelines for the billing and reimbursement of all inpatient and outpatient "never events" filed on a CMS-1450/ANSI-837I claim form for participating facilities.

### Medical emergency diagnosis code listings updated

Effective Nov. 1, 2009, providers will be able to view the updated CoverTN, BlueCare and TennCareSelect medical emergency diagnosis code listings online. To view these updated lists and other important information, visit the company Web site, [www.bcbst.com](http://www.bcbst.com).

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

(Applies to all lines of business unless stated otherwise)

### ADMINISTRATIVE

#### Reminder – New feature being implemented to BCBST provider service line

Providers are reminded in the near future they will be able to check claims status for all BCBST lines of business via the Provider Service line, 1-800-924-7141, 24-hours-a-day, 7-days-a-week.

In order for you to obtain this information, please have the following information available at the time of your call:

- provider ID number, NPI number or tax ID number;
- member ID number, **including the alpha prefix** and date of birth;
- date of service; and
- total charge.

Current claims status information continues to be available on BlueAccess, on our company Web site, [www.bcbst.com](http://www.bcbst.com).

## BlueCare/TennCareSelect

### Clinical

#### 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 VSHP disease manager (registered nurse) 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

#### Diabetes - gaps in care program

Volunteer State Health Plan (VSHP) has launched a new initiative based on HbA1c gaps in care. This program focuses on HbA1c testing, diabetes monitoring, and gaps in care measures. It was designed to provide relevant and timely member-specific clinical information to providers helping them improve diabetes care for their BlueCare and TennCareSelect members receiving treatment in the past 12-months.

Some providers may receive an on-site visit from our clinical team or a mailing including an educational packet that includes member detail that you might find useful in treating your BlueCare and TennCareSelect patients who suffer from diabetes. Our goal is to work with providers to increase HbA1C testing rate, reduce diabetes gaps in care, and improve diabetes care.

### ADMINISTRATIVE

#### Change to hospice prior authorization requirements\*

Effective Nov. 1, 2009, all hospice services for BlueCare and TennCareSelect members will require prior authorization and must be billed in accordance with VSHP billing guidelines. Previously, these services required notification only.

Benefits are provided for hospice care when the member's practitioner establishes a plan of treatment and an approved provider of hospice care provides the services. Hospice

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services must be provided by an organization certified pursuant to Medicare Hospice requirements.

To arrange prior authorization for hospice services, fax our Utilization Management Department 24-hours-a-day, 7-days-a-week at:

Eastern Region	1-800-292-5311
Western Region	1-800-919-9213

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

Effective Nov. 1, 2009, to be consistent with the Centers for Medicare & Medicaid Services (CMS), BlueCare and TennCareSelect are changing the reimbursement amount for some multiple procedure claims when filed with Modifier 59.

The physician may need to indicate that 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 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".

BlueCare and TennCareSelect 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 methodology for modifier 59.

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

**Reminder: Arranging non-emergency transportation**

Non-emergency transportation to TennCare covered services is provided for BlueCare and TennCareSelect members regardless of whether the member is ambulatory, in a wheelchair, or on a stretcher.

VSHP members and/or their representatives may arrange non-emergency transportation services prior to needing transport by calling Southeastrans, Inc. at one of the phone numbers listed below:

- BlueCare East 1-866-473-7563
- BlueCare West 1-866-473-7564
- TennCareSelect 1-866-473-7565

**Providing home health/private duty nursing services for multiple enrollees in same home**

VSHP is aware of some confusion among providers regarding the provision of home health and private duty services for members where there is more than one member needing services in the same household. Based on TennCare rule 1200-13-13-.01(52) and 1200-13-13-.01(88), "A single nurse may provide services to multiple enrollees in the same home and during the same hours, as long as he/she can provide these services safely and appropriately to each enrollee."

Our case managers will be contacting agencies having these kinds of situations to discuss care provision options as VSHP has special reimbursement arrangements for a single nurse/aide providing services to multiple members in the same home. Please feel free to contact the member's case manager(s) for additional information.

**Changes to readmission guidelines**

Effective Nov. 1, 2009, the readmission rule, "Specific to CMS-1450 Claim Form Billing and Reimbursement Guidelines," for BlueCare and TennCareSelect is changing from fourteen (14) days to thirty (30) days.

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

**Risk Adjustment data submission/validation**

*Document medical records appropriately*

For purposes of risk adjustment data submission and validation, Medicare Advantage Organizations, such as BlueCross BlueShield of Tennessee are required by the Centers of Medicare & Medicaid Services (CMS) to ensure that the provider of service for face-to-face encounters is appropriately identified on medical records via their signature and physician specialty credentials. This means that the credentials for the provider of services must be somewhere on the medical record—either next to the provider's signature or pre-printed with the provider's name on the group practice's stationery. If the provider of services is not listed on the stationery, then the credentials must be part of the signature for that provider.

All dates of service that are identified for review on the record must be legibly **signed** (with credentials) and **dated** by the physician or an appropriate physician extender (e.g., nurse practitioner). The physician must authenticate each note for which services were provided. Acceptable physician authentication comes in the forms of handwritten signatures and electronic signature. If electronic signatures are used as a form of authentication, the system must authenticate the signature at the end of each note.

**Acceptable physician signatures and credentials:**

Type of signature	Acceptable
Hand-written or initials, including credentials	Authenticated by provider Mary C. Smith, MD, or MCS
Electronic, including credentials	Requires authentication by the responsible provider (for example, but not limited to "Approved by", "Signed by", "Electronically signed by")

**Unacceptable physician signatures and credentials:**

Type of signature	Unacceptable, unless...
Typed name	Authenticated by provider
Non-physician or non-physician extender (e.g., medical student)	Co-signed by acceptable physician
Provider of services' without credentials	Name is linked to provider credentials or name on physician stationary

A signature log may be utilized in the event a physician's signature in a medical record is determined to be illegible. The signature log captures the physician name and credentials as well as variations in the physician's signature. Once the signature log is obtained, it is compared to the original signature in question.

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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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