

April 2010

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

CLINICAL

Medical policy update/changes

Full text of the BCBST medical policy changes can be viewed online under “Upcoming Medical Policies” at <http://www.bcbst.com/providers/mpm.shtml>

Effective May 8, 2010

- Meniscal Allografts Transplantation and Collagen Meniscus Implants
- Saturation Biopsy for Diagnosis and Staging of Prostate Cancer

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

Medical policy for magnetic resonance imaging (MRI) of the breast revised

The medical policy on *MRI of the Breast* has been reviewed and revised to be more consistent with MedSolutions guidelines.

A draft of this policy can be accessed under *Draft Medical Policies* on the Provider page on the company Web site at <http://www.bcbst.com/providers/mpm.shtml>

ADMINISTRATIVE

Real-time claims estimation/adjudication now available for Federal Employee Program (FEP)

The Real-Time Claims Adjudication application now supports claim submissions for your FEP patients. If you have not used this application before and would like to know more, please log on to *BlueAccess*,

the secure area on the company Web site, www.bcbst.com and review the *Real-Time Claims Estimation/Adjudication* tutorial in the e-Health section. To find out more about this application, contact our eBusiness Support area at 423-535-5717, the eBusiness Marketing Team at 423-535-3057, or e-mail us at eComm_Marketing@bcbst.com.

Reminder: Filing surgical equipment claims appropriately

Providers are reminded that charges for any device or medical equipment used during a surgical procedure is considered all-inclusive with the surgery reimbursement and is not separately reimbursed; i.e., pneumatic compression devices.

Changes to credentialing requirements for Optometrists

Effective March 4, 2010, BCBST changed its credentialing requirements for Optometrists. These providers are no longer required to have a Drug Enforcement Administration (DEA) certificate or have an affiliation with a practitioner having a DEA certificate in order to be credentialed with BCBST. However, if the Optometrist holds a DEA certificate, the certificate will be verified by BCBST Credentialing department. This change was made because we determined that most optometrists refer members to an ophthalmologist when a narcotic medication is indicated for treatment of the member's illness.

Provider appeals now has single point address for all lines of business

BlueCross BlueShield of Tennessee continues to improve its processes to help

expedite services to you.

In the December *BlueAlert*, we notified you of a new address containing a suite number and zip code extension for “Claims and Medical Records”. Now, the “Provider Appeals” area also has a new suite number, which applies to all lines of business.

Like the new suite number and zip code extension for Medical Records and Claims, the new address for Provider Appeals allows us to receive your correspondence faster and provide you with a quicker response. The new address for Provider Appeals is:

BlueCross BlueShield of Tennessee
1 Cameron Hill Circle, Suite 0039
Chattanooga, TN 37402-0039

Remember, if you receive correspondence from BCBST requesting information, please use the **suite number** indicated on the correspondence when returning the requested documentation.

If you have any questions regarding the new addresses, please call the BCBST Provider Service line[†].

BlueCare/TennCareSelect ADMINISTRATION

Helping ensure continuity of care for new members

In order to ensure members transitioning to Volunteer State Health Plan (VSHP) from other managed care organizations continue receiving covered, Medically Necessary services, providers are asked when calling for prior authorization of services to inform VSHP if the member is currently receiving services. This will help maintain continuity of care for members and accuracy of payment for providers.

**BlueCare/TennCareSelect
ADMINISTRATION**

Reminder: Submitting Abortion, Sterilization, or Hysterectomy (ASH) consent forms appropriately

VSHP covers abortion, sterilization and hysterectomy procedures pursuant to applicable federal and state laws. Each procedure requires the pertinent ASH form be correctly completed and submitted along with the claim.

As a rule, these forms should **not** be corrected. If a mistake occurs or circumstances change do **not** make corrections on the form...a **new** form should immediately be generated.

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

ADMINISTRATIVE

Dedicated unit available for SNF admissions

The Senior Care Division recently created a dedicated nursing unit within Case Management to handle all skilled nursing facility admissions. The nurses are reporting turn around times of 24-48 hours for Medical Necessity reviews. As such, providers who submit a patient's discharge plan (usually initiated at the time of admission) within a reasonable amount of time prior to those services being needed, should not experience delays in obtaining approval for placement needs.

In an effort to be proactive, the nurses of the SNF unit are identifying inpatient admissions by diagnosis that are likely to need a SNF bed after discharge and contacting the hospital to begin working on the placement. It is recommended that facilities call in any cases that may be currently holding for discharge or transfer as these will be worked as priority above others.

Providers can contact the SNF unit by phone at 1-800-611-3489 or by fax at 1-800-727-0841.

Reminder: BlueAdvantage Plus is product within the PPO plan

Feedback from our BlueAdvantage Plus members indicates a number of providers are not aware that BlueAdvantage Plus is a product offered within the BlueAdvantage PPO plan. BlueAdvantage Plus joins the other products, Sapphire, Diamond and Ruby, as another BlueAdvantage product offered our employer groups.

If your practice participates in the BlueAdvantage PPO network, you are eligible to render services to BlueAdvantage Plus members.

For questions on any of the BlueAdvantage PPO products, call the BlueAdvantage Provider Service line†.

**BlueCard®
ADMINISTRATIVE**

BlueCard Eligibility Line enhanced

Effective April 1, 2010, providers will experience an improved BlueCard Eligibility line, 1-800-676-BLUE (2583) when calling to verify eligibility or obtain prior authorization for out-of-area Blue members.

When calling for prior authorization only, providers can select the "prior authorization" option, choose the type of service, and the call will be routed to the appropriate area of the member's Blue plan.

Specific types of service options are:

- Medical/Surgical
- Behavioral Health
- Diagnostic Imaging/Radiology
- Durable Medical Equipment

When calling for eligibility only, or if you need both eligibility and prior authorization, the call will be handled as it is today. Select the "eligibility and prior authorization" option to receive the member eligibility information. Once you have the eligibility information, the call will be transferred to the appropriate prior authorization area to complete the call.

If you have any questions regarding the BlueCard Eligibility Line, please call BlueCard at 1-800-705-0391.

New BlueCard coordination of benefits fax number available

For your convenience, BlueCard added a new fax number for provider use in sending updated Coordination of Benefits (COB) information for their BlueCard patients.

As a reminder, a COB questionnaire is available on our Web site at <<http://www.bcbst.com/providers/forms/COB-Questionnaire.pdf>>. Providers can print, complete and submit the updated information via the new fax line or by mail.

Fax to:
423-535-1959, Attn: Correspondence
Or,

Mail to:
BlueCross BlueShield of Tennessee
1 Cameron Hill Circle Suite 0034
Chattanooga, TN. 37402-0034

If you have questions or need further assistance, please call the BlueCard Provider Service line†.

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†Provider Service lines

Featuring "Touchtone" or "Voice Activated" Responses

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.

**Commercial Lines; CoverTN;
CoverKids; AccessTN 1-800-924-7141
Operations –**
Monday–Friday, 8 a.m. to 5:15 p.m. (ET)
Medical Management –
Monday-Friday, 9 a.m. to 6 p.m. (ET)

BlueCare 1-800-468-9736
TennCareSelect 1-800-276-1978
CHOICES 1-800-782-2433
SelectCommunity 1-800-292-8196
(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).

*These changes will be included in the appropriate 2Q 2010 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