

August 2010

BlueCross BlueShield of Tennessee, Inc. (BCBST)

(Applies to all lines of business unless stated otherwise)

CLINICAL

Medical policy updates/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 Sept. 12, 2010

- Velaglucerase Alfa (Vpriv™)
- Occipital Nerve Stimulation
- Tandem High Dose Chemotherapy with Hematopoietic Stem Cell Support

Effective Sept. 15, 2010

- Bortezomib (Velcade®)
- Botulinum Toxin (Botox®, Dysport® or Myobloc®)
- Rituximab (Rituxan®)

Note: These effective dates also apply to BlueCare®/TennCareSelect pending State approval.

Clinical practice guidelines adopted

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

National Institutes of Health (NIH) Guidelines for the Diagnosis and Management of Asthma and Managing Asthma During Pregnancy: Recommendations for Pharmacologic Treatment

Guidelines for the Diagnosis and Management of Asthma (EPR-3):
<<http://www.nhlbi.nih.gov/guidelines/asthma/index.htm>>

Working Group Report on Managing Asthma During Pregnancy: Recommendations for Pharmacologic Treatment - Update 2004:

<<http://www.nhlbi.nih.gov/health/prof/lung/asthma/astpreg.htm>>

Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (ATP III)

Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (ATP III Final Report):
<<http://www.nhlbi.nih.gov/guidelines/cholesterol/profmats.htm>>

Implications of Recent Clinical Trials for the National Cholesterol Education Program Adult Treatment Panel III Guidelines
<<http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3upd04.pdf>>

Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease

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

American Diabetes Association (ADA) Position Statements for Standards of Medical Care in Diabetes - 2010

<http://care.diabetesjournals.org/content/33/Supplement_1/S11>

Seventh Report of the Joint National Committee (JNC) on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure

<<http://www.nhlbi.nih.gov/guidelines/hypertension/jnc7full.pdf>>

Practice Parameter: Evidence-based Guidelines for Migraine Headache (an evidence-based review): Report of the Quality Standards Subcommittee of the AAN

<<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.

<http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.pdf>

ACOG: Guidelines for Perinatal Care, Sixth Edition and the ICSI: Guidelines for Routine Prenatal Care -2009

The ACOG Guidelines for Perinatal Care, Sixth Edition is available for purchase at:
<http://www.acog.org/bookstore/Guidelines_for_Perinatal_Care,_Fifth_Edition_P262.cfm>

ICSI Guidelines for Routine Prenatal Care - 2009:

<http://www.icsi.org/prenatal_care_4/prenatal_care_routine_full_version_2.html>

ACC/AHA Guidelines for the Management of Patients with ST-Elevation Myocardial Infarction

2007 Focused Update of the ACC/AHA 2004 Guidelines for the Management of Patients with ST-Elevation Myocardial Infarction:
<<http://circ.ahajournals.org/cgi/content/full/117/2/296>>

ACC/AHA 2004 Guidelines for the Management of Patients with ST-Elevation Myocardial Infarction:

<<http://circ.ahajournals.org/cgi/content/full/110/5/588>>

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 website at

<http://www.bcbst.com/providers/hcpr/>.

Paper copies can be obtained by calling 1-800-924-7141, ext. 6705.

BlueCross BlueShield of Tennessee, Inc. (BCBST)

(Applies to all lines of business unless stated otherwise)

CLINICAL (cont'd)

New drugs added to commercial specialty pharmacy listing

Effective July 1, 2010, the following drugs have been added to our commercial Specialty Pharmacy Drug list. Those requiring a prior authorization are identified by a (PA).

Provider administered via medical benefit:

Glassia
Istodax
Prolia
Proveng
Xiaflex
Vpriv

Self-administered via pharmacy benefit:

Cayston
Hizentra (PA)

Reminder: Need CME, CEU, or CCM credits?

BCBST is offering Quality Interactions[®], a program designed to help physicians, nurses, and office staff enhance interactions with people from diverse backgrounds. The training uses a case-based format supported by evidence-based medicine, and peer-reviewed literature. It is accredited for up to 2.5 hours of CME, CEU, or CCM credits. BCBST has purchased the licenses for these courses, so there is **no cost** to our providers. There are a limited number of licenses available for these courses, so please register quickly to take advantage of this valuable learning opportunity.

To register, go to the Provider page on the company website, www.bcbst.com. Look under the "Administration" section, and click on the "Quality Interactions[®] Cross Cultural Training" link. There you will find instructions for registering for the class. This is a great way to get valuable professional credits, for no cost, and gain useful knowledge to work with the culturally diverse population of Tennessee.

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

ADMINISTRATIVE

Reminder: Filing appropriate "place of service" on durable medical equipment (DME) claims

Providers are reminded to report the appropriate place of service (POS) code on claims when distributing durable medical equipment, prosthetics/orthotics, and/or supplies from the physician's office (POS 11) for home (POS 12) use. The place of service should identify where the equipment will be **used**, not where it is **dispensed**.

Please refer to the DME billing and reimbursement guidelines found in the BCBST or VSHP provider administration manuals located on the company websites, www.bcbst.com and www.vshptn.com and also on BlueSource, our quarterly provider information CD.

Reminder: External bone growth stimulators authorized for rental use only

As a reminder, BCBST follows the Centers for Medicare & Medicaid Services (CMS) guidelines when authorizing External Bone Growth Stimulators as a rental item as these items are not used for a lifetime.

Authorization spans for durable medical equipment (DME) are based on the expected length of time a member will need the equipment. Rental equipment is generally needed for a finite period and, based on the member's continuing medical need, will be reimbursed on a monthly basis up to the maximum allowable amount or purchase price.

For additional information on authorizing DME services, please refer to the billing and reimbursement sections of the provider administration manuals located on the Provider page on the company websites, www.bcbst.com and www.vshptn.com or on BlueSource, BCBST's quarterly information CD.

August 2010

Shared Health[®] ePrescribe[®]

The ease and clarity you need when writing prescriptions.

The increased accuracy of ePrescribe enables you to reduce pharmacy callbacks and the back-and-forth time you and your staff spend clarifying prescription information. ePrescribe also includes a "prescribe on behalf of" feature, allowing nurses and other authorized personnel to write electronic prescriptions.

When a prescription is written, the ePrescribe system automatically checks drug interactions and patient allergy information to prevent adverse reactions. In addition, ePrescribe checks formulary information so you can select the appropriate medications at the lowest possible cost to the patient. You also get a more comprehensive view of a patient's prescription history. Our participation in The Surescripts[®] Information Network gives you access to prescription information for your patients enabling you to:

- Reduce medication errors
- Simplify medication reconciliation and management
- Increase formulary compliance and generic use

ePrescribe is one component of the Shared Health[®] Clinical Xchange[®] platform. Shared Health's solutions can help you meet all three stages of "meaningful use" criteria that may qualify you for incentive payments under the American Recovery and Reinvestment Act of 2009 (ARRA).

Integrating ePrescribe into your practice gives you easy access to:

- Medication claims history
- Formulary information
- Simplified prescription entry
- Drug interaction alerts
- Easier, safer filling

To learn more or to speak with a Shared Health representative, call 1-888-283-6691 or visit www.sharedhealth.com today.

BlueCare/TennCareSelect ADMINISTRATIVE

Reminder: Prior authorization for private duty services is based on medical necessity

According to TennCare Rules, prior authorization for in-home services must be medically necessary. In-home services include home health nurse, home health aide, and private duty nursing services (over eight (8) hours of nursing per day). The prior authorization process can be expedited when all required information is submitted.

The following information must be provided when seeking prior authorization for home health nurse, home health aide, and private duty nursing services:

- Name of physician prescribing the service(s);
- Specific information regarding the patient's medical condition and any associated disability that creates the need for the requested service(s); and
- Specific information regarding the service(s) the nurse or aide is expected to perform, including the frequency with which each service must be performed (e.g., tube feed patient 7 a.m., 12 p.m. and 5p.m. daily; bathe patient once per day or three (3) times a week; administer medications three (3) times per day; catheterize patient as needed from 8 a.m. to 5 p.m., Monday through Friday; change dressing on wound three (3) times per week). Such information should also include the total period of time the services are anticipated by the treating physician to be medically necessary; i.e. total number of weeks or months.

Home health services will not be approved to provide child care services, prepare meals, perform housework, or generally supervise patients. Any hours allotted to these tasks are not considered medically necessary and will not be authorized.

All requests for home health nurse, home health aide and private duty nursing services are reviewed by VSHP Medical Directors for medical necessity. Prior to authorizing the services, VSHP staff contacts the prescribing physician and the member/caregiver for additional

information that will enable the Medical Director to authorize appropriate level of care. VSHP Case Managers and Social Workers may make home assessment visits to assist the Medical Director in determining the specific needs of the members.

Changes to ER billing guidelines

Effective for dates of service Sept. 1, 2010, and after, VSHP will no longer utilize the secondary diagnosis code for Emergency Room claims to determine if the facility claim will be paid as a medical emergency. Emergency level benefits will be determined by the principal diagnosis code in Form Locator 67, or patient's reason for visit code in Form Locator 70 of the CMS-1450 claim form.

Additionally, forty-seven (47) emergency room codes will be removed. A complete listing can be found on the Provider page on the company website, www.vshptn.com.

CHOICES® ADMINISTRATIVE

Billing for services rendered to CHOICES members

When billing for services rendered to CHOICES members, providers should refer to the most current federal, state, or other payer instructions for specific requirements applicable to the CMS-1500 (professional), CMS-1450 (institutional) health insurance claim forms and/or the appropriate electronic filing format.

Reimbursement rates and codes for CHOICES are based on methodology established by the Bureau of TennCare and are updated in accordance with their direction and discretion. Only those HCPCS (CPT® and HCPCS Level II) codes on the fee schedule will be considered for reimbursement when filed in conjunction with the corresponding Revenue Code(s) and modifiers, otherwise, charges will be denied for billing guidelines.

Note: Services billed outside of the Agreement are subject to recovery. All services require prior authorization.

CHOICES billing and reimbursement guidelines can be found in the *Volunteer State Health Plan, Inc. (VSHP) Provider Administration Manual* located on the company websites, www.bcbst.com and www.vshptn.com, and on BlueSource, BCBST's quarterly provider information CD.

Additional Bureau of TennCare Long-term Care billing guidelines can be found online at the following:

<http://www.tn.gov/tenncare/forms/lcmanual.pdf>
<http://www.tn.gov/tenncare/forms/lcmanualappa.pdf>
<http://www.tn.gov/tenncare/forms/lcmanualhchs.pdf>>

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

ADMINISTRATIVE

BlueAdvantage PPO to begin denying unauthorized services as noncompliant*

Effective Sept. 1, 2010, services requiring prior authorization rendered to a BlueAdvantage PPO member without obtaining prior approval will be considered noncompliant and will deny as provider liability.

When prior authorization is required, the provider must obtain authorization prior to the scheduled services. Non-compliance will apply to initial as well as concurrent review for ongoing services beyond dates previously approved. Please note, BCBST providers cannot bill members for covered services that are denied due to non-compliance. Detailed information concerning this change will be included in the 3rd quarter update to the BCBST Provider Administration Manual.

Reminder: Diabetic retinopathy considered a manifestation

To remain consistent with the American Medical Association guidelines, BCBST considers diabetic retinopathy to be a manifestation rather than a primary diagnosis. In accordance with ICD-9-CM 2009, manifestation codes may never be used alone or as a primary diagnosis.

To help avoid claims processing delays, submit these claims to BCBST reflecting the applicable diabetes diagnosis code as primary.

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

ADMINISTRATIVE

Changes to timely filing requirements for private fee-for-service (PFFS)

The Centers of Medicare & Medicaid Services (CMS) is updating its edit criteria related to the timely filing limits for submitting claims for Medicare Fee-For-Service (FFS) reimbursement. In accordance with the Patient Protection and Affordable Care Act (PPACA), claims with dates of service on or after **Jan. 1, 2010**, received later than one (1) calendar year beyond the date of service will be denied by Medicare and BlueCross BlueShield of Tennessee's BlueAdvantage PFFS plan. Please ensure your billing staff is aware of this important change.

This change does not affect BlueAdvantage Preferred Provider Organization (PPO) as those guidelines currently indicate claims must be submitted within three hundred sixty-five (365) days from the date of service.

For more detailed information on these timely filing requirements, visit the CMS website at <http://www.cms.gov/MLNproducts>.

Reminder: MedSolutions, Inc. to provide prior authorizations for elective outpatient advanced imaging services

Effective for dates of service Aug. 1, 2010, and after, MedSolutions, Inc., will provide prior authorization reviews of outpatient advanced imaging services for BlueCross BlueShield of Tennessee BlueAdvantage PPO members.

For all outpatient, elective, CT, CTA, MRI, MRA, MRS, PET Scans and Nuclear Cardiology imaging services performed on or after Aug. 1, 2010, referring providers will be required to obtain prior authorization directly from MedSolutions, Inc. **Note: These services will not require authorization if they are performed when a patient is receiving treatment in an emergency room or in an inpatient setting.**

Prior authorization requests for advanced imaging services can be submitted via MedSolutions' website. www.MedSolutionsOnline.com available 24/7, or call toll-free 1-800-575-4594.

BlueCard®

ADMINISTRATIVE

Reminder: Limited benefit plans offered

Providers are reminded that verifying Blue patients' benefits and eligibility is more important than ever as new products and benefit types enter the market. In addition to patients having traditional Blue PPO or other coverage, typically with high lifetime coverage limits (i.e., \$1million or more), you may see patients with limited benefits (i.e., \$50,000 or less) who are covered by another Blue Plan.

Members who have Blue limited benefits coverage carry ID cards that have either of two product names - **InReach** or **MyBasic** and reflect the following distinctive elements:

- a tagline in a **green stripe** at the bottom of the card (some ID cards may not have a product name, but will include a statement in the green stripe that reads **"A health care plan providing limited benefits"**); and
- a **black cross and/or shield** to help differentiate it from other BlueCross BlueShield identification cards.

For questions and answers about limited benefit products, please visit the Provider page on our company website, www.bcbst.com and look under the "News" section

2010 BlueCard® program seeking your feedback

Your feedback is important to help us make improvements in our processes and make your interactions with BlueCross BlueShield of Tennessee a smooth and simple experience.

Again this year, you will have an opportunity to tell us how we are doing via phone and/or online satisfaction survey.

From **July 15 to Sept. 30, 2010**, you may receive a call on behalf of BlueCross BlueShield of Tennessee seeking input on your experience with servicing out-of-area members. Our research vendor may invite you to participate in online surveys and collect your e-mail address. If your office is contacted, we encourage you to participate in these surveys. We take your feedback seriously and incorporate into enhancements of our services to you.

If you need information about the BlueCard Program or have suggestions for improvements, there are three ways to contact us:

- Talk to your provider relations representative
- Visit us online at www.bcbst.com
- Contact your customer service representative at 1-800-705-0391

Thank you in advance for your participation. We appreciate your feedback.

.....

†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 1-800-924-7141
(includes CoverTN; CoverKids & AccessTN)

Operation Hours

Monday–Friday, 8 a.m. to 5:15 p.m. (ET)

Medical Management Hours

Monday-Friday, 9 a.m. to 6 p.m. (ET)

BlueCare 1-800-468-9736
TennCareSelect 1-800-276-1978
CHOICES 1-866-502-0056
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 3Q 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