

February 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 Feb. 14, 2010

- Transcatheter Closure Devices for Cardiac Defects

Effective Feb. 19, 2010

- Percussion/Oscillating Devices for the Treatment of Respiratory Conditions

Effective March 11, 2010

- Pemetrexed
- Lenalidomide
- Sunitinib Malate
- Zoledronic Acid
- Octreotide (Systemic)
- Bosentan for the Treatment of Pulmonary Hypertension
- Esterase Inhibitor
- Canakinumab
- Human Papillomavirus (HPV) Vaccine
- Tinzaparin Sodium
- Ustekinumab
- Ingestible pH and Pressure Capsule

Effective March 12, 2010

- Epoprostenol Sodium for the Treatment of Pulmonary Hypertension
- Treprostinil for the Treatment of Pulmonary Hypertension

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

Clinical practice guidelines adopted

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

Guide to Clinical Prevention Services.
<http://www.ahrq.gov/clinic/cps3dix.htm>

2009 Focused Update Incorporated Into the ACC/AHA 2005 Guidelines for the Diagnosis and Management of Heart Failure in Adults.

<<http://content.onlinejacc.org/cgi/content/full/j.jacc.2008.11.013>>

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.

Behavioral health clinical practice guidelines adopted

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

Magellan Health Services Clinical Practice Guideline for Assessing and Managing the Suicidal Patient
<https://www.magellanprovider.com/MHS/MGL/providing_care/clinical_guidelines/cli_n_prac_guidelines/suicide.pdf>

<https://www.magellanprovider.com/MHS/MGL/providing_care/clinical_guidelines/cli_n_prac_guidelines/prov_suic_tipsheet.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

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

Shared Health® Smart Tools

Healthy Outcomes - -Smart Business

What are Condition Tracker and Clinical Insight?

These two products are quality enhancements to Shared Health's offering - providing macro- and micro-views to help clinicians transform care.

Specifically, *Condition Tracker* provides a patient-centric view of a patient's adherence to evidence-based guidelines for specific medical conditions, regardless of who administered the care; and *Clinical Insight* allows clinicians a view of the care delivered across their patient population. It allows clinicians to generate reports that help them evaluate their adherence to quality and program-specific measures.

How do these tools benefit clinicians?

- A simplified condition management and wellness care process
- Better tracking of patients with chronic conditions, generate actionable lists
- Ability to quickly see other patient care opportunities
- More accurate performance metrics
- Tools to offset spiraling costs and declining reimbursements that affect a practice's income.

These tools are designed to provide a way for clinicians to operate their practice more efficiently while providing the best outcomes for their patients. If you haven't been introduced to Shared Health, now's the time! Visit us online at

<http://www.sharedhealth.com/home/index.jsp>.

BlueCross BlueShield of Tennessee, Inc. (BCBST)

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ADMINISTRATIVE

Tough economy creates spike in fraud activity: Five tips for avoiding losses

While most of the nation suffered through the weakest economy in years, people who attempted to fraudulently access the health care system may have enjoyed a banner year in 2009.

Most leading health care investigative professionals note that in times of economic strife fraud attempts increase from two to three percent. BlueCross BlueShield of Tennessee records showed a rise many times that rate, as allegations of possible fraud increased 58 percent.

Because Tennessee Providers are targets of these increasing number of fraud attempts, Enterprise Integrity Services (EIS), the investigative arm of BlueCross BlueShield of Tennessee reminds you of some simple steps to take for mitigating your risk:

- Ask for a picture ID to confirm insurance card information.
- Protect your prescription forms, which are often stolen and used in pharmacy fraud schemes.
- Check patient histories to help prevent prescription drug fraud.
- Verify that billing codes are accurate.
- Implement best practices to ensure all information is accurately communicated to your billing staff and to any third-party firms.

If you suspect possible fraud or would like to report a concern, contact the BlueCross BlueShield of Tennessee EIS team toll-free at 1-888-343-4221 or locally at 423-535-7900.

Reminder: Significant changes to HCPCS codes in 2010

Effective Jan. 1, 2010, the following HCPCS coding changes are of particular note:

A4456, Adhesive Remover, Wipes, any type each replaced A4365, Adhesive Remover, Wipes, any type per 50. Providers should bill according to the new description of “per each” and verify units billed.

Additionally, several “L” codes, (L0210, L1800, L1815, L1825, L1901, L3651, L3652, L3700, L3701, L3909, and L3911) have been discontinued and have been replaced with a new code, **A4466,**

Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each. These “L” codes were previously used for support devices made of elastic or similar stretchable material.

Providers should note that supplemental information; i.e., manufacturer, brand name and/or product number will be required with submission of the new “A” code.

Reminder: Screening colonoscopy coding expanded

As of Jan. 1, 2010, BlueCross BlueShield of Tennessee expanded the configuration and code mapping for screening colonoscopy for its commercial lines of business. The intent of this change is to more accurately identify screening colonoscopies and apply appropriate benefits.

The new expanded configuration includes G0105, plus a number of diagnostic colonoscopy codes when filed with either one or two cancer screening diagnosis codes. A *Description of Codes that Point to Screening Colonoscopy Benefits* flyer is available online at <http://www.bcbst.com/providers/news/>

Reminder: Be aware of member rights and responsibilities

As a BlueCross BlueShield of Tennessee network provider, you should know what our members are being told to expect from you and what you have the right to expect from those members. To comply with regulatory and accrediting requirements, we periodically remind members of their rights and responsibilities. These reminders are intended to make it easier for members to

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access quality medical care and to attain services.

Member rights and responsibilities are outlined in both the BlueCross BlueShield of Tennessee and Volunteer State Health Plan provider administration manuals, which are available on *BlueSource*, BCBST’s quarterly provider information CD, and on both our Web sites, www.bcbst.com and www.vshptn.com.

BlueCare/TennCareSelect ADMINISTRATION

Changes to newborn billing guidelines

Effective March 1, 2010, providers may only bill for newborn babies using the mother’s identification number for **30 days** after the birth of the baby. If the baby has been issued a temporary or permanent identification number of its own from TennCare, the baby’s identification number must be used for claim submission.

Note: Facilities may request a temporary identification number for newborn babies from the Department of Human Resources.

Changes to billing guidelines for claims spanning multiple-year dates

Based on the Centers for Medicare & Medicaid Services (CMS) guidelines, effective March 1, 2010, Professional and Outpatient Institutional claims spanning multiple-year dates of service (expenses incurred in different calendar years) must be billed on separate claims. On or after this date, all Professional and Outpatient Institutional claims will be returned to the provider.

Note: *These guidelines do not apply to Inpatient Institutional claims.*

**Are you reading
BlueAlert on BlueAccess?**

**BlueCare/TennCareSelect
ADMINISTRATION**

Volunteer State Health Plan, Inc. (VSHP) to use BlueCross BlueShield of Tennessee's Preferred Specialty Pharmacy Vendors

On Dec. 1, 2009, VSHP began using BlueCross BlueShield of Tennessee's Preferred Specialty Pharmacy Vendors. This service is for any specialty pharmacy injectable drug given in the provider's office.

The Specialty Pharmacy Program uses preferred vendors that have expertise in these types of high-cost medications and offer these drugs at discounted rates reducing the overall costs associated with the TennCare program. The vendors will send charges directly to VSHP, thus freeing the physician of inventorying these expensive drugs; however, the physician may still bill the appropriate administration charges for these drugs.

These vendors can also request prior authorization on your behalf. Specialty pharmacy medications are available in a 30-day supply for VSHP members through:

Caremark Specialty Pharmacy Services
Phone 1-800-237-2767
Fax 1-800-323-2445

CuraScript, Inc.
Phone 1-888-773-7376
Fax 1-888-773-7386

Accredo Health Group
Phone 1-888-239-0725
Fax 1-866-387-1003

Update: Electronic visit verification system

In the January 2010 issue of *BlueAlert*, we announced we were implementing new processes for monitoring home health and private duty nursing services using the *Electronic Visit Verification* system for the TennCare Program. Please be advised implementation of this new process has

been delayed until further notice. We apologize for any inconvenience this may have caused.

Patients presenting as self-pay may have BlueCare coverage

Patients presenting as self-pay may actually be eligible for BlueCare coverage. You can verify TennCare eligibility on the State of Tennessee's Web site, www.Tennesseeanytime.org, even if patients do not tell you they have BlueCare.

If *Tennessee Anytime* indicates the individual is **NOT** eligible, print a copy of that screen to keep in the patient's record. Also, we strongly encourage you to have the patient sign the *Acknowledgement of Financial Responsibility for the Cost of Services* form advising the patient he/she may be responsible for the cost of specific service(s) and any related services. A sample copy of this form can be found on the company Web sites, www.vshptn.com and www.bcbst.com, and is also included in the BlueCross BlueShield of Tennessee and Volunteer State Health Plan provider administration manuals on *BlueSource*, BCBST's quarterly provider information CD.

Referring members to in-network specialists

Much information regarding a member's experience with a provider is obtained as a result of reviewing the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey. This survey is conducted annually as a part of the National Committee for Quality Assurance (NCQA) accreditation.

After reviewing survey responses, we would like to encourage you to help ensure your patients are able to schedule appointments with applicable specialists in a timely manner and to easily access the care and treatment they need.

If you have difficulty locating an in-network specialist, please call us at 1-800-468-9736 or utilize the "Provider Directory" feature on our Web sites, www.vshptn.com and www.bcbst.com.

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

CLINICAL

Clinical practice guidelines adopted

As you know from your practice, diabetes is one of the most common conditions treated in the Medicare population. BlueCross BlueShield of Tennessee has adopted the *American Diabetes Association (ADA) Position Statements for Standards of Medical Care in Diabetes -2009* as a recommended diabetes best practice reference. These guidelines may be accessed via www.bcbst.com.

Following the guidelines will help improve outcomes for your BlueAdvantage members. Specifically, we believe improvement is possible for BlueAdvantage diabetic members by utilizing the following recommended screenings. These screenings are covered services for BlueAdvantage PFFS and PPO members:

- Dilated Retinal Eye Exam
- LDL-C Screening
- Medical attention for Nephropathy (Microalbuminuria Testing)
- HbA1c Testing and Control

We also offer telephonic Care Management from registered nurses for members who need assistance managing their diabetes or other chronic illnesses. To refer a member to our program or for more information, contact our Care Management department at 1-800-611-3489.

Reminder: Skilled nursing facility contracts support billing for outpatient therapy

Providers contracted under the Skilled Nursing Facility Attachment of the Medicare Advantage Agreement are eligible to file claims for outpatient therapy services. Separate contracting is **not** required for reimbursement.

If you received the Outpatient Rehabilitation Attachment for Medicare Advantage PPO **in addition** to the Skilled Nursing Facility Attachment, **please disregard the rehabilitation Attachment.**

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

ADMINISTRATIVE

Changes to specialty pharmacy authorization requirements*

Effective Jan. 18, 2010, all BlueAdvantage PPO products began requiring prior authorization for a number of specialty pharmacy drugs. Previously, prior authorization was only required for specialty pharmacy drugs costing over \$200. A listing of these drugs can be found at http://www.bcbst.com/providers/bcbst-medicare/pdfs/BlueAdvantage_Specialty_Pharmacy.pdf.

To satisfy notification requirements of this change, the specialty pharmacy listing was made available to providers Dec. 18, 2009, via the company Web site at www.bcbst.com/providers/pharmacy.shtml.

If you have questions regarding this information, please call the BlueAdvantage Provider Service line[†].

Note: The listing may not be all inclusive. To determine if a specialty pharmacy drug requires authorization, please call the Utilization Management department at 1-800-924-7141 or fax your request to 1-888-535-5243.

CAHPS survey results for Medicare Advantage

The Centers for Medicare & Medicaid Services (CMS) conducts the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey to collect information about member experiences with Medicare Advantage (MA) health plans over the previous six months. 76.7 percent of our members surveyed, responded.

The 2009 CAHPS survey of MA Prescription Drug (MA-PD) plans was conducted from February 2009 through June 2009. BlueAdvantage was one of forty-four Private Fee-For-Service MA plans that participated in the survey. This

summary highlights the results of the survey for BlueAdvantage.

BlueAdvantage scored above the national average on all measures, to include:

- Customer Service
- Getting Care Quickly
- Getting Needed Care
- Getting Needed Prescription Drugs

In addition, our plan showed a significant increase from the previous year in the areas of *Getting Appointments*, *Overall Rating of Health Plan* and *Ease of Getting Prescribed Medicines*.

Even though BlueAdvantage exceeded the national average on all measures, we believe that opportunities for improvement exist for the areas that remained the same between 2008 and 2009 to include:

- Care Received Overall
- Rating of Personal Doctor
- Doctors Who Communicate Well Composite
- Influenza Vaccination

Again, we want to emphasize that information received from this survey reflects not only members' feelings about our overall plan but also about the services received from you, their physician. In the near future, you can view the CAHPS data in its entirety from the Provider page on our Web site www.bcbst.com.



†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
(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).



Happy Valentine's Day

*These changes will be included in the appropriate 1Q 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