

June 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 following BCBST medical policy changes can be viewed online under "Upcoming Medical Policies" at <http://www.bcbst.com/providers/mpm.shtml>.

Effective July 10, 2010

- Dasatinib (Sprycel®)
- Nilotinib (Tasigna®)
- Tocilizumab (Actemra®)
- Lapatinib (Tykerb®)
- Epiretinal Radiation Therapy for Age-Related Macular Degeneration (ARMD)
- Percutaneous Discectomy
- Electrical Bone Growth Stimulation

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

Clinician's quick reference guide to personal health records

A Personal Health Record (PHR) guide is accessible from the Provider page on the company website, www.bcbst.com. The PHR is an electronic tool for use by patients to help manage their care and support through more effective communication with their physicians and other health care professionals. This guide also answers some of the questions you may have about this technology and the role it plays in improving the quality of health care for your patients.

The benefits of a PHR are convenience, availability of educational resources, and access to lifesaving information. For additional information on the PHR guide, a list of FAQs is also available on the same hyperlink connecting to the guide.

BCBST enters arrangement with ProgenyHealth

BCBST recently entered an arrangement with ProgenyHealth, a company specializing in neonatal care management services throughout the first year of life. Under the agreement, ProgenyHealth's neonatologists, pediatricians and neonatal nurse care managers will work closely with families, attending physicians and nurses to promote healthy outcomes for our members having premature and medically complex newborns.

For hospitals, ProgenyHealth will serve as a liaison for BCBST providing inpatient review services and assisting with the discharge planning process to help ensure a smooth transition to the home setting.

ProgenyHealth will provide experienced case managers who will work closely with families providing education and support so they can become active participants in the health care decision making processes regarding their infants. ProgenyHealth case managers will also:

- work to support the newborn's medical home upon discharge;
- encourage close continuity of care with the infant's primary care provider by assisting families with appointments, transportation, obtaining medications; and
- provide assistance with any other issues regarding the infant.

Changes to commercial pharmacy formulary

Effective July 1, 2010, the BCBST commercial pharmacy formulary will change to only include one (1) preferred human growth hormone (hGH) product, Norditropin® (somatropin [rDNA origin]). Although some hGH products vary in indications, the major difference in Norditropin® and other hGH products is the device used to administer the drug (i.e. Norditropin NordiFlex®).

Norditropin® requires prior approval. Existing authorizations will remain valid until the end of the original requested date. Your office will be contacted about transferring patients to the preferred product.

ADMINISTRATIVE

Reminder: Enhanced support for Web services

Provider's are reminded that BlueCross BlueShield of Tennessee supports eHealth Services® on BlueAccess, BCBST's secure area on its website, allowing providers a more enhanced Web experience. The BCBST Provider Outreach Department (POD), in conjunction with eBusiness Solutions uses the latest technology offering in-depth instruction on navigating the site.

Claims, Eligibility or Benefits Questions?

Please call the Provider Service line[†] and ask the customer service representative for the "POD". You will be connected with a knowledgeable staff member who will assist you.

Technical Support?

Please call the eBusiness Service Center at (423) 535-5717 or e-mail ecomm_techsupport@bcbst.com.

All Blue 2010 Provider Workshops

The annual state-wide All Blue Provider Workshops have been scheduled. These educational workshops are designed to assist provider office staff starting with a general session to share current information and followed by **Professional** and **Facility** breakout sessions.

At the workshops, provider staff can visit our Resource Centers and take advantage of one-on-one discussions with dedicated BlueCross BlueShield of Tennessee professionals.

Watch for your invitation announcing upcoming dates, times and locations.

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ADMINISTRATIVE (cont'd)

Spring 2010 provider data facility audit

Beginning May 14, 2010, through June 4, 2010, the BlueCross and BlueShield Association (BCBSA) contracted with Thoroughbred Research to conduct provider data audits on group/clinic and facility providers.

The audit is performed on a semi-annual basis to validate provider information (e.g., name, address, phone number, specialty) that is currently published on the National Blue Doctor & Hospital Finder website and the Federal Employee Program (FEP) Online Provider Directory website.

Correct coding for hemophilus influenza b vaccine (Hib)

Providers are reminded products matching CPT® codes 90645 (HbOC conjugate – HibTITER®) and 90646 (PRP-D conjugate – ProHibit®) are no longer available.

Only two (2) Hib conjugate vaccines are currently available:

As noted in Table 1 from the Centers for Disease Control's (CDC) *Chapter 2: Haemophilus influenzae Type b Invasive Disease, Manual for the Surveillance of Vaccine-Preventable Diseases (4th Edition, 2008)*. This information can be found online at

<<http://www.cdc.gov/vaccines/pubs/surv-manual/chpt02-hib.htm>>.

Vaccine	Trade Name
PRP-T conjugate	ActHIB®
PRP-OMP conjugate	PedvaxHIB

Note: The above listed vaccines should be billed with the most specific code (90647 or 90648) whose description matches the product administered.

Shared Health® customizable features for the way you operate.

With the Shared Health Clinical Health Record (CHR), you get actionable, clinically relevant information at the point of care.

You will gain the ability to prepare a wide variety of reports and other evaluation documents, giving you a complete, long-term view of how your practice operates.

Features in Clinical Xchange include:

- **Problem List:** Maintains an up-to-date view of a patient's conditions based on data from multiple sources.
- **Care Opportunities:** Delivers clinical decision support rules relevant to specialty, high clinical priority conditions, and preventive care.
- **ePrescribing:** With Shared Health ePrescribe, you get a convenient way to prescribe formulary compliant medications, access drug interaction and allergy alerts, and reduce the chance for errors.
- **Comprehensive medication lists:** Perform medication reconciliation at relevant encounters and sort medications by date, source, types, etc.
- **Enhanced inter-practice communication:** Access secure messaging and exchange meaningful clinical information among members of a patient's health care team.
- **Clinical Insight:** Generate list of patients by specific conditions to use for quality improvement.
- **Child Wellness:** Perform comprehensive WellChild care with guideline- and Medicaid-compliant exam templates from ages 0-21 years.

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

June 2010

Reminder: Benefit plans vary—always verify benefits

Because BlueCross BlueShield of Tennessee benefit plans vary, providers are encouraged to verify member benefits prior to rendering services. A number of benefit plans cover specific services and/or medications while others may not.

Member health care benefits may be verified by calling the Provider Service lines[†], the Customer Service number on the member ID card or accessing e-Health Services[®] via BlueAccess, the secure area on the company websites, www.bcbst.com or www.vshptn.com.

BlueCare/TennCareSelect ADMINISTRATIVE

Volunteer State Health Plan, Inc. (VSHP) introduces P4 Pathways oncology program

Effective June 30, 2010, VSHP will partner with P4 Healthcare to implement the P4 Pathway oncology program, which utilizes clinical pathways based on evidence-based guidelines as management tools for standardizing the way physicians and other health care providers treat certain diseases, specifically various cancers such as lung, breast, colon, and ovarian cancer. The program will also provide supportive care in the areas of neutropenia, anemia, nausea, and vomiting.

Participation in the program is voluntary, however, providers agreeing to participate in the program, and demonstrating compliance with the pathways will receive enhanced reimbursement for specific injectable drug codes included in the P4 Pathway program for oncology treatment and supportive care agents.

By partnering with VSHP in this program we can enhance your patient outcomes by minimizing side effects and toxicities, and help reduce any potential errors. For more information, please contact your local Provider Network Manager.

BlueCross BlueShield of Tennessee anticipates implementing the P4 program for its Commercial providers by mid September 2010.

BlueCare/TennCareSelect

ADMINISTRATIVE (cont'd)

Reminder: Prior authorization required for observation stays

As of May 15, 2010, VSHP began requiring prior authorization for observation stays. Authorization requests may be submitted via telephone or electronically through *BlueAccess*, VSHP's secure page on its website, www.vshptn.com.

Although providers are encouraged to utilize *BlueAccess* when requesting prior authorizations, requests may be submitted via the appropriate BlueCare or TennCareSelect Provider Service line[†].

Reminder: New/revised edits listed online

Providers are reminded to review the new or revised edits listed on the eBusiness Technical page under "*Supplemental BlueCare/TennCareSelect Edits*" on the company website, www.bcbst.com. Claims received that are 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, Monday through Friday, 8 a.m. to 6:30 p.m. (ET), or e-mail to ecomm_techsupport@bcbst.com.

Reminder: Abortion, Sterilization, Hysterectomy (ASH) services

VSHP covers abortions, sterilizations and hysterectomies pursuant to applicable federal and state laws and regulations.

Abortions and services associated with the abortion procedure are covered when the abortion is Medically Necessary as the mother suffers from a physical disorder, physical injury, or physical illness, including a life endangering physical condition caused by or arising from the pregnancy itself that would place the mother in danger of death unless an abortion is performed, or the pregnancy is the result of an act of incest or rape.

Elective abortions are **not** covered under BlueCare or TennCareSelect.

Sterilization procedures require the patient to be at least 21 years old at the time consent is obtained. The individual to be sterilized has to be mentally competent, and is not institutionalized. There must be 30 days between the date of the member's signature and the date of sterilization procedure.

Hysterectomy is a covered service if it is Medically Necessary. The member or her representative, if any, must be informed orally and in writing that the hysterectomy will render the individual permanently incapable of reproducing. Hysterectomies will **not** be covered if performed solely for the purpose of rendering an individual permanently incapable of reproducing, or if there is more than one purpose for performing the hysterectomy, but the primary purpose is to render the individual permanently incapable of reproducing.

Please refer to the *VSHP Provider Administration Manual* located on BlueSource, BlueCross BlueShield of Tennessee's quarterly provider information CD or on the company websites, www.vshptn.com and www.bcbst.com for complete rules and regulations regarding ASH requirements.

Filing claims appropriately for mental health services provided in settings other than your office*

A number of BlueCare and TennCareSelect providers rendering mental health services in nursing care facilities and other alternate settings are incorrectly billing for those services with office-based CPT[®] codes.

Providers are reminded there are a series of CPT[®] codes that correspond with in-office coding and are designed specifically for use when services are delivered in an alternate setting.

Effective July 1, 2010, providers of mental health services will be required to bill CPT[®] codes 90816-90819 and/or 90821-90822 in conjunction with Place of Service Codes 31, 32, and 33.

June 2010

Additionally, for dates of service on or after July 1, 2010, mental health services provided in these alternative settings will require prior authorization. Authorization may be obtained on the ValueOptions' ProviderConnect online provider services website, www.valueoptions.com/providers/Providers.htm or by calling:

BlueCare 1-800-711-4104
TennCareSelect 1-888-423-0131

Should you have any questions regarding these changes, please contact your ValueOptions Regional Provider Representative.

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

ADMINISTRATIVE

Changes to prior authorization requirements for therapy services*

Effective Aug. 1, 2010, BlueAdvantage PPO will require prior authorization for all therapy services performed in a home or outpatient setting. An advanced determination is recommended for these services for BlueAdvantage PFFS members.

Initial BlueAdvantage PPO therapy requests will be accepted telephonically by calling the Provider Service line, 1-800-924-7141 or via BlueAccess, BlueCross BlueShield of Tennessee's secure area on its website, www.bcbst.com. All concurrent review requests should be faxed to BlueAdvantage utilization management at 1-888-535-5243.

Additionally, home health claims with fourteen (14) or more therapy visits will no longer require submission of medical records prior to payment, however, they will be subject to focused, retrospective post claims review similar to Original Medicare.

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

ADMINISTRATIVE

Reminder: When is it appropriate to take vision copay versus specialist copay?

In an effort to clarify when it is appropriate to take the vision copayment versus the specialist copayment for BlueAdvantage members, providers should follow the below guideline:

When filing HCPCS Code(s)...	the provider should
92002-92004 or 92012-92015	Take the vision copay amount

Reminder: MedSolutions initiative delayed

In May BlueAlert, we reported effective for dates of service June 1, 2010, and after, MedSolutions, Inc. would be providing prior authorization reviews of outpatient advanced imaging services for BlueAdvantage PPO members.

Please be advised this initiative is being delayed until the Centers for Medicare & Medicaid (CMS) approves the member notification. Once approval is received, providers will be notified of the new effective date and processes for gaining authorizations.

BlueCard[®]

ADMINISTRATIVE

New BlueCard accounts select Network S

As of Jan. 1, 2010, eight new BlueCard National Account groups chose BlueCross BlueShield of Tennessee's BlueNetwork S for their members to receive services in Tennessee.

These ID cards are easily identifiable by the suitcase logo reflecting "PPO" inside and

"Network S" printed beside the suitcase. Some Blues Plans choose to list their policy type or contract name on member ID cards; however, this information is only for use by the other Plan. There are only three (3) types of contracts represented by the information on a Blues Plan ID. These are:

1. Empty suitcase represents a traditional policy which is supported by BlueNetwork P;
2. Suitcase with PPO inside indicates a true PPO contract, which is supported by BlueNetwork P; and
3. Suitcase with PPO inside with "Network S" printed beside the suitcase, which is supported by BlueNetwork S.

For additional information, please call 1-800-705-0391.

June 2010

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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).

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*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