BlueCross BlueShield of Tennessee, Inc. (BCBST)  
(Appplies 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 April 8, 2010  

- Intrastromal Corneal Ring Segments (ICRS) for Vision Correction  
- Ultrasound Accelerated Fracture Healing Device  
- Urethral Bulking Agents for Stress Urinary Incontinence  
- Ingestible Video Capsule Imaging of the Gastrointestinal Tract  
- Percutaneous Vertebroplasty, Kyphoplasty, and Sacroplasty  

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

ADMINISTRATIVE  
2010 HEDIS® medical record review  

In March 2010, BlueCross BlueShield of TN and Volunteer State Health Plan will begin their annual Healthcare Effectiveness Data and Information Set (HEDIS®) project to meet National Committee for Quality Assurance (NCQA) accreditation and the Bureau of TennCare reporting requirements for BlueCare, TennCareSelect and Commercial members.  

Measures that require additional information from medical record documentation to report accurate results include:  

- Childhood immunizations;  
- Prenatal and postpartum care;  
- Cervical cancer screening;  
- Controlling high blood pressure;  
- Comprehensive diabetes management;  
- Cholesterol management for patients with cardiovascular conditions;  
- Adult BMI assessment; and  
- Weight assessment and counseling for nutrition and physical activity for children/adolescents.  

A representative from BlueCross BlueShield of TN will be calling your office in the near future to request documentation or schedule an onsite review of medical records for data abstraction. To meet strict reporting timeframes for this project, all information must be retrieved before May 15, 2010.  

Note: The Privacy element of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) allows exchange of information by insurers and providers in the course of normal business when related to a member’s treatment, payment or health care operations (TPO).  

Reminder: Submitting CMS-1500 corrected bills appropriately  

BlueCross BlueShield of TN identifies corrected bills submitted on paper CMS-1500 claim forms by either the “CC” (corrected claim) data in Block 22 or “CORRECTED BILL” wording listed in Block 19. BlueCare and TennCareSelect may use either Block 19 or Block 22 when submitting corrected bills; however, we will only retrieve corrected billing data in Block 19 for our commercial lines of business. Below is our preferred method for submitting corrected claims on a CMS-1500 claim form:  

- Submit a new claim form with correct data.  
- Attach correspondence behind the claim form indicating what information was originally submitted and what was changed on the new claim form.  

Some Important Tips to Remember:  

- Do not use red ink. Our Optical Character Recognition (OCR) equipment does not recognize red ink.  
- Do not use a thick marker or crayon that may cover other fields.  

BCBST hard drives stolen; member information at risk  

In October 2009, 57 hard drives belonging to BCBST were stolen from a leased facility in Chattanooga. The hard drives contained approximately 1.6 million video and audio data files from provider and member calls that related to eligibility and coordination of care.  

Upon immediate investigation, BCBST determined that these files contained personal data and PHI of more than 500,000 members. BCBST has undertaken an exhaustive process to identify, notify and protect members at-risk from this crime. That process is ongoing, as is the investigation of the theft by local and federal law enforcement.  

BCBST believes there is minimal risk to members’ data being accessed due to the specialized nature of the hardware stolen and the difficulties associated with accessing the stored data. To date, there is no evidence any member’s data has been accessed and used as a result of the theft. If you or your staff receive inquiries from your patients about this theft, please direct them to www.bcbst.com for the most up-to-date information.
Reminder: H1N1 billing and reimbursement guidelines

The following billing and reimbursement guidelines are offered to assist you when filing claims for the administration of the H1N1 influenza vaccine:

<table>
<thead>
<tr>
<th>When filing an H1N1 claim for...</th>
<th>use HCPCS codes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial‡</td>
<td>G9141 and G9142</td>
</tr>
<tr>
<td>CoverTN, CoverKids, AccessTN,</td>
<td>or 90470 and</td>
</tr>
<tr>
<td>Medicare, Advantage</td>
<td>90663</td>
</tr>
<tr>
<td>BlueCare, or TennCareSelect</td>
<td>(File serum code)</td>
</tr>
</tbody>
</table>

The H1N1 vaccine is being supplied to providers free of charge. Regardless of the age of the member, BlueCare and TennCareSelect will reimburse $10.25 for the administration of the vaccine. All other lines of business will follow the Centers for Medicare & Medicaid Services (CMS) guidelines reimbursing G9141 the same as 90470 according to provider contracted rates.

Typically, TennCare does not provide pharmacies an administration fee for vaccines; however, this flu season, pharmacies will be reimbursed the $10.25 administration fee via SXC Health Solutions for the H1N1 vaccine administered to TennCare members.

‡ Not all BlueCross BlueShield of Tennessee self-funded plans cover immunizations. We encourage you to check with the member’s specific health care plan to verify benefits.

CoverTN

Administrative

CoverKids resumes enrollment

Effective March 1, 2010, CoverKids, a program under Governor Bredesens’ Cover Tennessee initiative addressing the health care needs of Tennessee’s uninsured, will reopen enrollment to new members. Enrollment was suspended late last year when membership reached the maximum that could be supported by the current budget. As part of the State Children’s Health Insurance Program (SCHIP), CoverKids picks up where TennCare

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eligibility ends and provides comprehensive medical and dental coverage to families who cannot otherwise afford or access private health insurance.

For more information about CoverKids, or any of the Cover Tennessee programs, visit www.CoverTN.gov or call toll-free 1-866-COVERTN.

BlueCare/TennCareSelect

Clinical

Reminder: Behavioral health consultation line available

Volunteer State Health Plan (VSHP) can assist you in obtaining referrals for your BlueCare and TennCareSelect patients having mental health and substance abuse treatment needs. Our behavioral health staff is available to consult with you and share ideas regarding clinical treatment approaches, management of difficult cases (e.g., eating disorders and ADHD), and utilization of new treatment modalities.

VSHP established a toll-free primary care provider consultation line staffed by Peer Advisors who are Board Certified Psychiatrists. The staff will be available to you for telephone consultation regarding all aspects of mental health and substance abuse treatment including medications. This service is currently available Monday through Friday from 9 a.m. – 5 p.m., ET. Please call 1-877-241-5575 and identify yourself as a TennCare primary care provider seeking psychiatric consultation services.

We encourage you to visit our company Web site, www.vshptn.com where you can find useful information including treatment guidelines for many mental disorders.

New prior authorization requirements for certain medications

BlueCross BlueShield of TN helps you ensure the clinical efficacy and safety of drug therapy for its members by requiring clinical edits for certain medications.

Beginning Jan. 1, 2010, we began requiring prior authorization for the following prescribed drugs:

- Relpax (rimeporide)
- All testosterone products (orals, topicals, and self-injectable) for patients 30 years of age and younger
- All second generation antipsychotics for patients 17 years of age and younger
- Nuvigil (armodafinil)
- Provigil (modafinil)

Requests for prior authorization‡ for the above listed drugs can be made by calling BlueCross BlueShield of TN’s pharmacy benefits manager, CVS Caremark at 1-877-916-2271 or fax request to 1-888-836-0730.

‡ If authorization is not obtained by April 1, 2010, the member may be charged substantially for the cost as these drugs may not be covered by the member’s health care plan after April 1, 2010.
Reminder: Changes to medical emergency code list

The 2010 VSHP Medical Emergency Code List has been updated to reflect the following changes. This listing can be viewed in its entirety on the company Web sites, www.vshptn.com and www.bcbst.com.

Effective Oct. 1, 2009, the following diagnosis (DX) code was added to the medical emergency code list:

<table>
<thead>
<tr>
<th>DX Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>488.1</td>
<td>Influenza due to identified novel H1N1 influenza virus</td>
</tr>
</tbody>
</table>

Effective Nov. 1, 2009, the following diagnosis (DX) codes were removed from the medical emergency code list:

<table>
<thead>
<tr>
<th>DX Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>300.00</td>
<td>Anxiety State NOS</td>
</tr>
<tr>
<td>305.00</td>
<td>Abuse, Alcohol unspecified</td>
</tr>
<tr>
<td>307.81</td>
<td>Headache, Tension</td>
</tr>
<tr>
<td>311</td>
<td>Disorder, Depressive NOS</td>
</tr>
<tr>
<td>599.70</td>
<td>Hematuria, unspecified</td>
</tr>
<tr>
<td>780.60</td>
<td>Symptoms, Fever unspecified</td>
</tr>
</tbody>
</table>

Reminder: Reporting non-covered home health/private duty nursing shifts timely

Home health agencies are responsible for notifying Volunteer State Health Plan (VSHP) once they are aware a shift will not be staffed as ordered.

VSHP requires advance notice in order to allow time for us to contact the member and make other arrangements for the care. Receiving calls after the shift is missed does not meet our intent of evaluating the need for alternative care. Members receive home health services when the care has been ordered by a physician and authorized by VSHP. Failure to provide the services as ordered puts the member’s safety and health needs at risk.

The VSHP Home Health Compliance Hotline, 1-800-215-3851, is available 24-hours-a-day, 7-days a week for most home health services, and on weekends, holidays, and after-business hours for Private Duty Nursing (T1000) only.

A shift is considered missed when the staff:
1. is unable to provide the shift as scheduled.
2. leaves two or more hours prior to the end of the scheduled shift.
3. arrives two or more hours after the scheduled shift is to begin.

Note: Home health agencies should only submit claims for services actually rendered. Any liquidated damages, penalties or fines assessed against VSHP by TennCare related to non-covered shifts by the home health agency shall be passed on to the home health agency for payment.

Quantity limits implemented for blood glucose test strips*

Effective Feb. 15, 2010, in an effort to reduce costs and help prevent billing errors, the Bureau of TennCare implemented quantity limits for preferred and non-preferred blood glucose test strips.

Prescriptions exceeding the limitations described below require prior authorization:

<table>
<thead>
<tr>
<th>If Member is...</th>
<th>test strips are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>under age 6 years</td>
<td>limited to 306 strips every 30 days</td>
</tr>
<tr>
<td>6 years and over</td>
<td>limited to 204 strips every 30 days</td>
</tr>
</tbody>
</table>

To arrange prior authorizations, call the TennCare Pharmacy Benefits Manager, SXC Health Solutions at 1-866-434-5524 or fax, 1-866-434-5523.

Reminder – Don’t forget to submit your disclosure form

Federal regulations require Volunteer State Health Plan (VSHP) maintain disclosure of ownership and controlling interest information on all contracted providers receiving Medicaid payments. If you have not completed the Disclosure form, please call Provider Service at 1-800-924-7141, Monday through Friday, 8 a.m. to 5 p.m. (ET) and choose the “Network Contracting” option. The form is also available online at www.bcbst.com/providers/Disclosure.pdf.

Note: VSHP is required to report any noncompliance with the disclosure information to the Bureau of TennCare who will report to the Centers for Medicare & Medicaid Services (CMS). Noncompliance can result in payment delays and possible recoupment of previously paid Medicaid monies.

BCBST Specialty Pharmacy Program expands for VSHP

The February issue of BlueAlert announced effective Dec. 1, 2009, VSHP began using BCBST’s Preferred Specialty Pharmacy vendors to provide Provider-Administered specialty drugs to physicians treating BlueCare and TennCareSelect members. Provider-Administered specialty medications are high-cost injectable biologicals (IV and IM).

Since that announcement, BCBST has expanded its Specialty Pharmacy Program to include Walgreens Specialty Pharmacy in its network of Specialty Pharmacy vendors. These vendors ship medications directly to the physician’s office and send charges directly to VSHP. The specialty pharmacy can also request prior authorization on behalf of the prescriber.

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 1-800-237-2767

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

Walgreens Specialty Pharmacy
Phone 1-888-347-3416
Fax 1-877-231-8302

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Ownership and Control Interest Statement

For questions regarding the Disclosure of Ownership and Control Interest Statement form, please call Provider Service at 1-800-924-7141, Monday through Friday, 8 a.m. to 5 p.m. (ET) and choose the “Network Contracting” option. The form is also available online at www.bcbst.com/providers/Disclosure.pdf.
Reminder: Change in reimbursement for procedures performed by two surgeons

Effective with dates of service Oct. 1, 2009, Volunteer State Health Plan began reimbursing eligible procedures performed by two surgeons based on the lesser of covered charges or 62.5 percent of the base maximum allowable fee schedule amount for the procedure for each surgeon (or a total of 125 percent of the base maximum allowable fee schedule amount for the procedure for both surgeons) when billed by the providers in accordance with standard coding and billing guidelines for all BCBST/VSHP networks.

When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code(s). Each surgeon should report the co-surgery once using the same procedure code(s).

This reimbursement is in accordance with the Centers of Medicare & Medicaid Services (CMS) reimbursement guidelines.

Reminder: Verify existence of TennCare eligibility

Some patients presenting with commercial or Medicare coverage may also have TennCare coverage. TennCare Standard Operating Procedure (TSOP) 14 states in part “providers may not seek payment from a TennCare enrollee if the provider failed to ascertain the existence of TennCare eligibility or pending eligibility prior to providing non-emergency services”.

Based on this rule, TennCare Solutions Unit (TSU) recommends providers conduct an eligibility search on all patients to identify any existence of TennCare coverage prior to rendering services. TennCare eligibility can be verified using the Bureau of TennCare’s online services at [http://www.tennesseeyoutime.org/tncr/](http://www.tennesseeyoutime.org/tncr/) or by calling 1-800-852-2683.

Prior to rendering services, providers are also encouraged to have patients presenting as self-pay sign the Financial Responsibility for the Cost of Services form. These forms are available for provider use in the Forms section on the Provider page of the company Web site, [www.bcbst.com](http://www.bcbst.com).

It is important that providers using their own form ensure it contains the specific question, “Do you have or have you applied for TennCare coverage?”

Reminder: 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.”

VSHP has special reimbursement arrangements for a single nurse/aide providing services to multiple members in the same home. Agencies having these kinds of situations can contact the member’s case manager(s) for additional information.

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If you need information about the BlueCard Program or wish to offer suggestions for improvement, please consider:
- talking to your provider network manager;
- visiting us online at [www.bcbst.com](http://www.bcbst.com); or
- calling us at 1-800-705-0391.

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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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BlueCare®

ADMINISTRATIVE

2010 BlueCard Program Survey
Help us make your future interactions with us a smoother, simpler experience

Again this year, you will have the opportunity to tell us how we are doing.

Some time during the year, you may receive a call on behalf of BlueCross BlueShield of Tennessee seeking feedback on your experiences when treating members from other Blue plans. Our research vendor may be inviting you to participate in a phone or online survey. Remember, your feedback is important to us, so if your office is contacted, we encourage you to participate in the survey or provide your e-mail address for participation at a more convenient time.

*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.

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