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](http://www.bcbst.com/providers/mpm.shtml).

Effective June 12, 2010

- Fludarabine (Fludara®)
- Ofatumumab (Arzerra™)
- Romidepsin (Istodax®)
- Antithemophilic Factor (Factor VIII)
- Ecallantide (Kalbitor®)
- Pazopanib (Votrient®)
- Pralatrexate (Folotyn®)
- Gene Expression Profiling Assays as a Technique to Determine Prognosis for Managing Breast Cancer Treatment
- Genetic Testing for Inherited Susceptibility to Colon Cancer, Including Microsatellite Instability Testing

Effective June 16, 2010

- Bevacizumab (Avastin®)

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

**New drugs added to commercial specialty pharmacy listing**

Effective April 1, 2010, the following drugs were added to our commercial Specialty Pharmacy drug list. Those requiring prior authorization are identified by a (PA).

*Provider-administered via medical benefit:*
  - Actemra (PA)
  - Arzerra
  - Kalbitor (PA)
  - Self-administered via pharmacy benefit:*
    - Ampyra (PA)
    - Oforta

**Clinical practice guidelines adopted**

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

AHA/ACC Guidelines for Secondary Prevention for Patients with Coronary and Other Atherosclerotic Vascular Disease: 2006 Update
  - [http://circ.ahajournals.org/cgi/content/full/113/19/2363](http://circ.ahajournals.org/cgi/content/full/113/19/2363)

Update to the AHA/ASA 2008 Recommendations for the Prevention of Stroke in Patients with Stroke and Transient Ischemic Attack
  - [http://stroke.ahajournals.org/cgi/content/full/39/5/1647](http://stroke.ahajournals.org/cgi/content/full/39/5/1647)

AHA/ASA 2006 Guideline: Guidelines for Prevention of Stroke in Patients with Ischemic Stroke or Transient Ischemic Attack
  - [http://stroke.ahajournals.org/cgi/content/full/37/2/577](http://stroke.ahajournals.org/cgi/content/full/37/2/577)

ACC/AHA 2007 Guidelines for the Management of Patients with Unstable Angina/Non–ST-Elevation Myocardial Infarction

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/](http://www.bcbst.com/providers/hcpr/). Paper copies can be obtained by calling 1-800-924-7141, ext. 6705.

**NCCN® resource tool updated**

The National Comprehensive Cancer Network (NCCN®) has published updates to the NCCN Resource Tool: Risk Evaluation Mitigation Strategies (REMS) to reflect the recent FDA requirement to have a REMS program for Erythropoiesis-Stimulating Agents (ESAs). REMS are currently being mandated to assess adverse risks associated with specific oncologic drugs, biologics, and supportive care therapies.

The NCCN Resource Tool provides oncology practitioners with a list of medications used for patients with cancer (i.e., for active treatment or supportive care) with one or more REMS components.

For the ESA REMS, health care providers who dispense and/or prescribe ESAs for patients with cancer and hospitals that dispense ESAs for patients with cancer must enroll in the ESA APPRISE Oncology Program. Enrollment for the ESA APPRISE Oncology Program began March 24, 2010. For more information on ESA APPRISE Oncology Program training, please visit [www.esa-apprise.com](http://www.esa-apprise.com).

These strategies are intended to ensure that the benefits of particular drugs continue to outweigh the risks they pose for patients.

**ADMINISTRATIVE**

State of Tennessee pharmacy benefits changing

Beginning July 1, 2010, the State of Tennessee’s benefit plans will change to a single pharmacy benefits manager with CVS Caremark®. This means a new formulary with new limits and new criteria.

Complete information about the benefit change will be available online prior to the start date. Watch for more information next month!

Note: This information does not apply to BlueCare or TennCare Select.
BlueCross BlueShield of Tennessee, Inc. (BCBST)  
(Appplies to all lines of business unless stated otherwise)  

**Administrative**  

**Reminder: Non-Discrimination policy**  

No person on the grounds of race, color, religion, national origin, sex, age, or disability shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or service provided by BlueCross BlueShield of Tennessee, Inc., including its licensed affiliate, Volunteer State Health Plan, Inc.

Furthermore, no person shall be subjected to any form of retaliation to include threats, coercion, intimidation, or discrimination as a result of filing a complaint, testifying, assisting or participating in an investigation, proceeding, or hearing.

**Reminder: Include your provider identification information on written correspondence**  

When BCBST receives an inquiry requesting member information, we are required under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 to verify the identity of the requester before providing any patient health identifiable information (PHI).

Including your NPI, Tax ID or PIN number on the correspondence will help expedite the verification process and allow us when requested to send the information to a location other than the address reflected in our provider data system.

**Reminder: New prior authorization requirements for certain medications**  

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

Effective Jan. 1, 2010, we began requiring prior authorization for our Commercial members for the following prescribed drugs:

- Rapaflo (silodosin)
- 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.

1 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: Protecting patient health identifiable information**  

Providers are reminded that patient health identifiable information (PHI) is protected under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. As such, it is the provider and their staff’s responsibility to ensure that patient information is not compromised.

For example, when providing a patient with a copy of an explanation of benefits (EOB) reflecting patient financial responsibility and other personal health information, please remember to secure all other patients’ information. On many occasions, more than one patient’s PHI is shown on the same document, so always mark through or blackout any other patient’s information before providing the document. This will help protect the security and privacy of all your patients.

**Reminder: Appropriate billing for enteral feeding supply kits**  

HCPSC codes B4034-B4036 for enteral feeding supply kits are specific to the route of administration and include all supplies, other than the feeding tube itself, required for the administration of enteral nutrients for one day. These codes must be billed by a Durable Medical Equipment (DME) provider or medical supplier using the appropriate span dates and one (1) unit for each day of service on a single line item.

These supply codes describe a daily supply fee rather than a specifically defined "kit" and individual items may differ from patient to patient and from day to day. Items such as Y connectors, adapters, gastric pressure relief valves, and extension tubing, utilized with low-profile G-tubes, are part of the supply kit and should not be separately billed with codes for feeding tube or B9998.


**Need CME, CEU, or CCM credits?**

BlueCross BlueShield of Tennessee 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 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, visit [www.bcbs.com](http://www.bcbs.com), select “I’m a Provider” and then click on “Quality Interactions® Cross Cultural Training” under “Administration” or simply click on the following link: [http://www.qualityinteractions.org/clients/bcbs.html](http://www.qualityinteractions.org/clients/bcbs.html).

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 questions, please call the BCBST Provider Service line.

May 2010
BlueCare/TennCare Select

CareSmart® pediatric asthma program initiative

Volunteer State Health Plan (VSHP) launched a new pediatric asthma initiative based on emergency department utilization, hospital admissions, and use of appropriate medications for children with asthma.

This initiative was designed to provide relevant and timely member-specific clinical information to providers and intended to assist them in improving the health outcomes of their BlueCare and TennCareSelect patients. These members were identified as receiving treatment in the past 12 months and diagnosed with asthma. VSHP is requesting assistance from providers in identifying and enrolling BlueCare and TennCareSelect members in the CareSmart® Asthma Program.

Some providers may receive an on-site visit from our asthma team. At that time the team will present the provider with chronological data on asthma-related inpatient admissions, asthma related emergency department visits, and HEDIS measures for the appropriate use of controller medication for people with persistent asthma. Providers may find this member-specific detail useful in treating their BlueCare and TennCareSelect patients who suffer from asthma. Our goals are to work with members and providers to increase the use of appropriate medications for their patients, reduce asthma emergency department (ED) visits, reduce asthma in patient/hospital admissions, increase enrollment in the Asthma Disease Management Program, and promote member compliance in an asthma action plan. These goals are focused on improving member health status.

To refer members to our CareSmart® Asthma Program, please call 1-888-416-3025.

Tennessee pediatric immunization schedule updated

The Tennessee Department of Health has new rules for immunization requirements affecting all children who attend child care, pre-school, school and college. Most of the new requirements take effect July 1, 2010. Children presenting for their immunization visit offers a great opportunity to complete other age-appropriate TENNderCare screenings.

The state’s immunization schedule follows the current schedule published by the Centers for Disease Control and Prevention (CDC) and is endorsed by the American Academy of Pediatrics (AAP) and American Academy of Family Physicians (AAFP).

Additional information about the state’s updated vaccine schedule is available on the company Web sites, www.vshptn.com or www.bcbst.com, and also on the Tennessee Web Immunization System (TWIS) Web site.

Administrative

BlueCare non-risk contract ends

Effective June 30, 2010, all claims processing activity will cease for the BlueCare “Non-Risk” contract between the State of Tennessee and Volunteer State Health Plan, Inc. (VSHP), affecting claims filed for dates of service July 1, 2002 through Dec. 31, 2008. This contract ended Dec. 31, 2008, and affects BlueCare members for the previously mentioned dates of service.

After June 30, 2010, please remit any recoupment checks, correspondence, adjustment requests, or questions to the Bureau of TennCare. If you have any questions regarding this information, please contact your Provider Network Manager, or call the BlueCare Provider Service line.

Note: This information does not apply to the BlueCare East, BlueCare West or TennCareSelect contracts.

Reminder: When providers may or may not seek payment from TennCare members

Federal and Tennessee law prohibit providers participating in the TennCare program from billing or attempting to collect payment from TennCare enrollees for TennCare-authorized and/or covered services other than applicable co-payments and special fees permitted by TennCare Rules and regulations 1200-13-12-.08, 1200-13-13-.08 (Medicaid) or 1200-13-14-.08 (Standard), found at http://state.tn.us/tenncare/forms/pro08001.pdf.

As directed by the Bureau of TennCare Office of Contract Compliance and Performance, Volunteer State Health Plan, Inc. (VSHP), as a TennCare Managed Care Contractor, shall ensure that the participating provider ceases all actions to bill a BlueCare and/or TennCareSelect member by issuing a “Cease to Bill Notice” to the provider. In addition, the provider must confirm, in writing, to VSHP that he/she has stopped or agrees to stop billing the TennCare Enrollee.

The rules for when providers may or may not seek payment from TennCare members are outlined in the Member Policy section of the VSHP Provider Administration Manual located on the company Websites, www.vshptn.com and www.bcbst.com.

PCPs can access membership listings online

Recently, VSHP offered its Primary Care Providers (PCPs) the opportunity to access their membership listing electronically via BlueAccess, the secure area on our company Web sites, www.vshptn.com and www.bcbst.com.

Effective June 15, 2010, based on positive provider feedback, our PCP providers will no longer receive their membership listings via mail. Rather, they will be able to view the listings electronically via BlueAccess. If you have not registered for BlueAccess, simply visit us online, click on “Register” in the BlueAccess login box and follow registration instructions. If you need assistance, please contact our eBusiness Service Center by e-mail at Ecomm_TechSupport@bcbst.com, or call 423-535-5717.
BlueCare/TennCareSelect
ADMINISTRATION
New behavioral health referral line*

Effective May 3, 2010, VSHP will implement its new Behavioral Health Referral line, 1-800-367-3403, for use by primary care providers (PCP) and their staff. The line will be staffed by individuals who can assist PCPs with accessing services for their BlueCare and TennCareSelect patients’ mental health needs. Our behavioral health staff can locate providers and resources in the area and arrange appropriate services for patients with mental health needs.

The Referral line is available Monday through Friday, 8 a.m. to 5 p.m. (ET). Messages left after hours and on weekends will be returned the following business day. Should there be urgent/emergent needs after hours, please contact the local Crisis Response Team, ER or Crisis Stabilization Unit for immediate attention.

We look forward to working with you and hope you will find this service to be a valuable asset to your practice and the care of your patients.

BlueAdvantage® (BlueCross BlueShield of Tennessee’s Medicare Advantage Product)
ADMINISTRATIVE
Reminder: Changes to inpatient rehabilitation facility billing guidelines

Effective April 18, 2010, BlueAdvantage claims filed with Revenue Code 0024 require a 5-digit Health Insurance Prospective Payment System (HIPPS) code.

If the claim does not have the HIPPS code along with Revenue Code 0024, the claim will be rejected. To avoid claim delays, providers are encouraged to update their claims filing system prior to filing these claims.

A current HIPPS code listing can be found online at <http://www.cms.hhs.gov/ProspMedicareFeeSvcPmtGen/02_HIPPSCodes.asp>.

If you have questions regarding this billing guideline, please call the BlueAdvantage Provider Service line†.

MedSolutions, Inc. to provide prior authorization reviews for elective outpatient imaging services*

Effective for dates of service beginning June 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 June 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.


Reminder: Illegible, missing, and invalid physician signatures

Medicare regulations require that the individual practitioner who ordered or provided services be clearly identified and validated through a signature in the medical record documentation. The method used should be written or an electronic signature (stamp signatures are not acceptable) to sign an order or medical record documentation for medical review purposes.

Claim denials will occur if required and there is no signature present in the documentation. This applies to all providers, including those in private practices.

Federal Employees Program (FEP)
ADMINISTRATIVE
Reminder: Changes to prior authorization requirements for Intensity Modulated Radiation Therapy (IMRT)

Effective Jan. 1, 2010, the Federal Employees Program (FEP) began requiring prior authorization for Intensity Modulated Radiation Therapy (IMRT) for its members. CPT® codes affected by this change are 77301 and 77418.

*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.

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