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 Nov. 13, 2010**
- Denosumab
- Imatinib Mesylate
- Microprocessor-Controlled Prostheses for the Lower Limb
- Myoelectric Prosthetic Components for the Upper Limb
- Varicose Vein Treatments for the Lower Extremities

**Effective Nov. 17, 2010**
- Hyaluronan Derivatives
- Infant Home Apnea Monitoring

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

### ADMINISTRATIVE

#### Prepare now for HIPAA 5010 requirements

The Health Insurance Portability and Accountability Act (HIPAA) requires the adoption of specific standards for electronic health care transactions e.g., claims, eligibility inquiries, claims status requests and responses. The current version is 4010A1, but federal regulation mandates that it be replaced with the new 5010 version by Jan. 1, 2012. At that time, all electronic transactions you, or your vendors send to BlueCross BlueShield of Tennessee and other payers must use HIPAA 5010 version.

This deadline may appear to be distant, but significant work must be accomplished to prepare for this mandatory conversion. At a high level, you must meet three objectives:

1. Identify the differences between 4010A1 and 5010, and determine what applications, systems and operating protocols will need to change. (This should be complete or underway now.)
2. Implement changes to systems and protocols, and test the changes (This should be completed by the end of 2010.)
3. Schedule and complete tests with external partners and transition with them to the 5010 transactions by the compliance date. (You are encouraged to start this as early as Jan. 1, 2011.)

BlueCross BlueShield of Tennessee’s preparations for the implementation of 5010 are underway.

- BCBST is currently performing 5010 readiness strategies and conducting internal testing
- BCBST plans to begin external 5010 testing in May 2011

If you have questions about 5010, please contact the eBusiness Service Center at 423-535-5717 or e-mail at ecomm_technicalsupport@bcbst.com.

**Reminder: Review superbills regularly for changes in medication codes and availability**

Providers are reminded only off-the-shelf, pre-packaged medications manufactured by a pharmaceutical company should be coded utilizing specific HCPCS Level II codes.

Many currently valid codes have no commercially available product matching their code description. Some administered medications are commercially available agents more appropriately coded with a different specific HCPCS code and some are compounded (re-packaged, altered, or mixed from bulk powders). Providers should refer to the appropriate Centers for Medicare & Medicaid (CMS) NDC-HCPCS Crosswalk(s) found at [http://www.cms.gov/McrPartBDrugAvgSalesPrice/] for further coding guidance.

“Compounds” should only be billed with the most appropriate unclassified/not otherwise classified code. Additional billing guidelines for compound drugs can be found in both the BCBST and VSHP provider administration manuals located on the Provider page on the company website, www.bcbst.com and on BlueSource, BCBST’s quarterly provider information CD.
Reminder: Synagis® effective in reducing hospitalizations

Respiratory Syncytial Virus (RSV) season is approaching. Synagis® (palivizumab) has been shown to be effective in reducing hospitalizations for children at high risk for RSV infection. BlueCross BlueShield of Tennessee recognizes the beginning of Synagis® season on November 1 and its duration through the end of March. Our medical policy on Synagis® can be viewed online at <http://www.bcbst.com/mpmanual/!SSL!/WebHelp/Palivizumab.htm>.

A downloadable Synagis® enrollment form is also available on the Provider page on the company website, www.bcbst.com under “Pharmacy”.

For commercial members, Synagis® should be billed directly to BlueCross BlueShield of Tennessee using CPT® code 90378. Synagis® requires prior authorization for both medical and pharmacy benefits. To request prior authorization, call the appropriate Provider Service line or contact one of the following Preferred Specialty Pharmacy vendors listed below:

- Caremark Specialty Pharmacy
  Phone: 1-800-237-2767
  Fax: 1-800-323-2445
- Curascript Pharmacy
  Phone: 1-888-773-7376
  Fax: 1-888-773-7386
- Accredo Health Care
  Phone: 1-888-239-0725
  Fax: 1-866-387-1003
- Walgreens Specialty Pharmacy
  Phone: 1-888-347-3416
  Fax: 1-877-231-8302

Changes to commercial drug formulary

Effective Oct. 15, 2010, BlueCross BlueShield of Tennessee’s Pharmacy and Therapeutics Committee will implement the following changes to its commercial drug formulary:

- **Solodyn® (minocycline) and Doryx® (doxycycline)** will be removed from formulary
- **Femara**, **Arimidex**, and **Aromasin** will be available only for treatment of breast cancer in post menopausal females (coded at age 45 and older)
- **Suboxone® and Subutex®** (non-covered by most BCBST Plans) will require prior authorization for continued treatment

Letters were mailed in mid-September to prescribers identified having BCBST patients being treated with any of the above mentioned medications alerting them to these formulary changes.

Reminder: Accessing physician quality and cost reporting program

The Physician Quality and Cost Information, including 2010 program updates, will soon be available for physician review. Prior to the release, physicians should have a BlueAccess user ID and password to access their quality and cost information.

First-time users can register by logging on to www.bcbst.com, click on “Register Now!” in the BlueAccess login box and then follow the registration instructions at https://www.bcbst.com/secure/providers/. You will need to “request a shared secret” for all provider ID numbers that you need to access.

For more information or BlueAccess, call eBusiness Solutions at 423-535-5717, Monday through Friday, 8 a.m. to 6:30 p.m. (ET) or e-mail, Ecomm_TechSupport@bcbst.com

1 Hospital-based physicians excluded
2 A “Shared Secret” is required. Your staff may already have your “Shared Secret”.

Note: At this time, this tool is not available for BlueCare, TennCareSelect, FEP or Cover Tennessee plans.
Reminder: ProgenyHealth to provide utilization and case management services for infants admitted to NICU or special care nurseries

Effective Nov. 1, 2010, clinical updates for approved Diagnosis Related Group (DRG) inpatient hospitalizations will be requested based on Medical Necessity rather than every seven (7) days.

Prior authorization or DRG approval will be determined by ProgenyHealth on behalf of BCBST. However, the initial call or request should still be directed to BCBST Utilization Management at 1-800-924-7141 to determine the fully-insured member’s eligibility for the ProgenyHealth program. After verifying the member’s eligibility and benefits, the call will be transferred to ProgenyHealth.

If the request is initiated by fax, Web or Voicecent, the information will be forwarded to ProgenyHealth after BCBST verifies the member’s eligibility and benefits. ProgenyHealth will use Milliman and BCBST Modified Utilization Guidelines to determine authorizations.

If you have any questions, please call ProgenyHealth, 1-888-832-2006, Monday through Friday, 8:30 a.m. to 5 p.m. (ET). A ProgenyHealth Utilization Management nurse is available for urgent UM requests outside of normal business hours. Case Managers are also available 24/7.

Note: This program does not apply for BlueCare or TennCareSelect.

BlueCare/TennCareSelect

CLINICAL

Reminder: Case management and disease management programs available

Case management services are available to members having complex chronic conditions, a major trauma or complicated care needs in which extensive interaction is necessary to connect with all the parties involved in the member’s healing process. Members enrolled in a case management program are assigned a Volunteer State (registered nurse) to coordinate their complex needs.

Disease management services are available to members with diabetes, congestive heart failure, asthma, chronic obstructive pulmonary disease, pregnancy, coronary artery disease, obesity, bipolar disease, major depression and schizophrenia.

Members enrolled in a disease management program are assigned a Volunteer State Health Plan Disease Manager who supports and coaches members in adopting and maintaining healthy habits. When these nurses recognize changes or lifestyle issues that may affect the member’s health, they work with the member and provider to address the issues and coordinate appropriate treatment, services and medications.

Members may self refer to either program by calling the Customer Service number listed on their ID card and providers may refer patients to either program by calling one of the following numbers:

Case Management 1-800-225-8698
Disease Management 1-888-416-3025

You are invited to a virtual costume party Webinar

Please join VSHP, the SelectCommunity Clinical Advisory Panel and ValueOptions Oct. 29, 2010, from 10:30 a.m. (9:30 a.m. CST) until noon (11 a.m. CST) to discuss medical and behavioral profiles and best practices in meeting SelectCommunity member needs.

E-mail invitations containing a registration link to participate in the Webinar will be distributed approximately two weeks in advance of the event.

If you do not receive an invitation via e-mail and wish to participate, or you have questions about this event, please contact Laurel Pala at 423-535-8380 or e-mail laurel.pala@valueoptions.com.
**BlueCare/TennCare Select**

**ADMINISTRATIVE**

VSHP contracts with CareCentrix for DME and medical supply services

Beginning Nov. 1, 2010, VSHP contracted with CareCentrix to authorize DME and Medical Supply services and arrange for delivery of the services through their network of credentialed and contracted DME and Medical Supply providers. All requests for services should be sent to CareCentrix. CareCentrix will require prior authorization for all durable medical equipment and medical supply services prescribed for BlueCare and TennCare Select members, and for use in the member’s home. Requirements for authorization of services performed when a patient is receiving treatment in a physician’s office, the emergency room or in an inpatient setting will not change.

More information will be forthcoming in future BlueAlert newsletters, on our website, [www.bcbst.com](http://www.bcbst.com), and [www.vshtpn.com](http://www.vshtpn.com), and other communications as it becomes available.

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

**ADMINISTRATIVE**

Reminder: Risk Adjustment-Complete ICD-9 coding and documentation

The Centers for Medicare & Medicaid Services (CMS) reimburses Medicare Advantage plans based on the health status of their enrollees as determined through ICD-9-CM diagnosis coding. This process is called Risk Adjustment.

The primary source of data used by CMS to determine patient severity is claims and encounters from physicians and hospitals. If appropriate and complete diagnoses are not documented or submitted via claim, the risk score will reflect a healthier population than exists. Providers are asked to focus on complete diagnosis codes being reported to the highest level of specificity according to ICD-9-CM coding guidelines. All diagnosis codes reported should be supported by medical record documentation.

Provider’s role in this process:

- Annually, restate chronic conditions being assessed or treated. Conditions such as quadrupedgia, ostomies, ventilator dependency, and amputation status are often inconsistently documented.
- Document accurate and complete diagnosis. Documenting signs, symptoms or findings related to the disease is incomplete. Examples: “FBS 300” and “↑ lipids” would accurately be coded as abnormal lab results rather than uncontrolled diabetes or hyperlipidemia, respectively.
- Code to the highest level of specificity possible. Comprehensive documentation should support the patient’s complete medical picture. For example, “Bronchitis” is an example of non-specific documentation - coding would be limited to 490 or “bronchitis not specified as acute or chronic.” Documenting “chronic obstructive bronchitis” or “chronic bronchitis” allows for more accurate coding and for risk score adjustment - further specificity could include 491.21 or “chronic obstructive bronchitis with acute exacerbation.”

**BlueCard®**

**ADMINISTRATIVE**

Correction: Access to out-of-area Blue members’ medical policy and prior authorization requirements soon available online*

In the September issue of BlueAlert, we advised effective Oct. 1, 2010, you would be able to access medical policy and general prior authorization requirements for your out-of-area Blue patients.

However, implementation of this initiative has been delayed until 2011. We apologize for any inconvenience this matter may have caused.

*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

**TennCare Select** 1-800-276-1978

**CHOICES** 1-888-747-8955

**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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**Reminder: TennCare claims edits published online**

Providers are reminded to review the Bureau of TennCare’s claims edits listing published on our company website at [http://www.bcbst.com/providers/ecomm/CompanionImplementationGuides/Supplemental_BlueCareTennCareSelect_Edits.pdf](http://www.bcbst.com/providers/ecomm/CompanionImplementationGuides/Supplemental_BlueCareTennCareSelect_Edits.pdf).

These edits are revised/updated by the State of Tennessee and may change frequently. Claims received that are non-compliant with these edits will be rejected on the provider’s electronic confirmation report. VSHP is currently developing a process by which providers will be able to identify any edit changes according to effective dates, termination dates and lines of business.

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 ecomm_techsupport@bcbst.com.