



August 2011

BlueCross BlueShield of Tennessee, Inc. (BCBST)

(Applies to all lines of business unless stated otherwise)

CLINICAL

Medical policy updates/changes

The BlueCross BlueShield of Tennessee Medical Policy Manual has been updated to reflect the following policies. The full text of the policies listed below can be accessed at <<http://www.bcbst.com/providers/mpm.shtml>> under the “Upcoming Medical Policies” link.

Effective July 18, 2011

- Home Apnea Monitoring/Home Cardiorespiratory Monitoring

Effective Sept. 11, 2011

- Intravenous Immune Globulin (IVIG) Therapy
- Ipilimumab
- Sorafenib
- Radioembolization for Primary and Metastatic Tumors of the Liver
- Electromagnetic Navigation Bronchoscopy
- Keratoprosthesis
- Outpatient Pulmonary Rehabilitation
- Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses
- Angioplasty and/or Stenting for Intracranial Arterial Disease
- First-Trimester Detection of Down Syndrome Using Fetal Ultrasound Markers Combined with Maternal Serum Assessment
- Neuromuscular Electrical Stimulation

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

Medical policy for bariatric surgery

The medical policy titled **Bariatric Surgery for Morbid Obesity** has been

reviewed and the medical appropriateness criteria has been revised. A draft of this revised policy can be accessed on BlueCross BlueShield of Tennessee’s Draft Medical Policies site available for 30 days at: <http://www.bcbst.com/DraftMPs/>.

Effective July 1, 2011, **VSHP (BlueCare/TennCareSelect)** began utilizing BlueCross BlueShield of Tennessee’s medical policy for bariatric surgery. This change was made because the Bureau of TennCare retired its medical policy and directed all TennCare managed care organizations (MCOs) to apply their own.

Modified Utilization Management Guideline updates/changes

BlueCross BlueShield of Tennessee’s website has been updated to reflect upcoming modifications to select Modified Utilization Management Guidelines. The *Modified Utilization Management Guidelines* can be viewed on the Utilization Management Web page at <http://www.bcbst.com/providers/UM_Guidelines/Upcoming_Changes/Upcoming_Changes.htm>.

Effective Sept. 16, 2011

BlueCross BlueShield of Tennessee will begin using Milliman Care Guidelines® 15th edition for its homecare guidelines.

The following Modified Utilization Management Guidelines related to Home Health Care will be archived:

- Medical Social Service Visits
- Skilled Nursing Visits - Education
- Skilled Nursing Visits - Interventional
- Skilled Nursing Visits – Invasive
- Occupational Therapy
- Speech Therapy

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

Clinical Practice Guidelines Adopted

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

Diagnosis and Treatment of **Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society (2007)**

<http://www.annals.org/content/147/7/478>

Hyperlinks to these guidelines are also available within the BlueCross BlueShield of Tennessee Health Care Practice Recommendations Manual, which can be viewed in its entirety on the company website at

<http://www.bcbst.com/providers/hcpr/>.

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

Readmission guidelines update

Effective July 18, 2011, readmission guidelines for all BlueCross BlueShield of Tennessee products (Commercial business, **BlueCare, TennCareSelect, BlueAdvantage, and Cover Tennessee**) changed. The current guidelines are Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), and any Class I Clean Surgical Wound Classification as identified by the American College of Surgeons as adapted by the CDC, and is applied to adults only.

Readmissions within 14 days of a hospital discharge for any of the above diagnoses to the same or similar facility or facility operating under the same contract will not be approved for payment. Claims for patients at either a DRG or Per Diem facility that are re-admitted under the above circumstances will not be eligible for multiple payments.

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ADMINISTRATIVE

5010 Compliance – Ready for testing

BlueCross BlueShield of Tennessee’s web-based testing for 5010 Compliancy testing is now available. Please take this opportunity to begin testing the compliancy of your 837 claim files. Your vendors and clearing houses are also welcome to use while testing the compliancy of their electronic files. Remember, BCBST will only accept HIPAA version 5010 transactions beginning Jan. 1, 2012. For more information, please visit our self-testing page at <https://www.bcbst.com/providers/ecom/HIPAA/5010-tool/FileChecker.asp>.

State of Tennessee public sector plan information now on our website

You can now access State of Tennessee public sector plan information on the Provider Page of our company website, www.bcbst.com.

BlueCare/TennCareSelect

CLINICAL

Reminder: VSHP durable medical equipment (DME) and medical supply services

Effective 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 used in the member’s home should be sent to CareCentrix.

CareCentrix requires prior authorization for all durable medical equipment and medical supply services prescribed for BlueCare and TennCareSelect members 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 hospital acute care facility setting have not changed.

Non-DME providers should obtain prior

authorizations through VSHP Utilization Management for DME requests over \$500, orthotics over \$200, prosthetics over \$200, and out-of-network requests. For a SelectCommunity member, requests should go through the SelectCommunity member’s care coordinator. For a CHOICES member, please coordinate with the CHOICES member’s care coordinator.

Contact CareCentrix at 1-888-571-6022, or by fax at 1-888-571-6018. Web requests can be submitted to <https://www.carecentrixportal.com/ProviderPortal/>.

ADMINISTRATIVE

Reminder: Monthly Federal Exclusion List Screening

BlueCare and TennCareSelect Providers have a **monthly** obligation to screen all employees and contractors against the U.S. Department of Health and Human Services’, Office of Inspector General’s List of Excluded Individuals/Entities (located at www.oig.hhs.gov) and the General Services Administration’s List of Parties Excluded from Federal Programs (located at www.epls.gov).

If an employee or contractor is found to be on the list, Medicaid providers must immediately report any exclusion information discovered to Volunteer State Health Plan and remove such employee or contractor from responsibility for, or involvement with a provider’s operations related to federal health care programs. Appropriate actions must be taken to ensure the responsibilities of such employee or contractor have not or will not adversely affect the quality of care rendered to any VSHP member of any federal health care program.

Additional information may be found in the *Volunteer State Health Plan Provider Administration Manual* in the **Highlights of Provider Agreement** section.

Cover Tennessee

ADMINISTRATIVE

DRG Threshold Updates

Effective Sept. 1, 2011, Cover Tennessee business will be decreasing DRG threshold updates from seven (7) days to five (5) days, in an effort to be more proactive with discharge planning.

Prior authorization requests for inpatient services

Effective Sept. 1, 2011, Cover Tennessee will accept clinical information for prior authorization requests for inpatient services when the member is currently in the hospital via our Provider Service Line at 1-800-924-7141 or through *BlueAccess* only.

If prior authorization requests are received by fax for inpatient services when the member is currently in the hospital, we will redirect the provider to either a phone call or *BlueAccess*. We feel this will better serve our providers and members by ensuring they receive faster turnaround times for decisions.

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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 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
TennCareSelect 1-800-276-1978
CHOICES 1-888-747-8955
SelectCommunity 1-800-292-8196
Monday – Friday, 8 a.m. to 6 p.m. (ET)

BlueCare/TennCareSelect Medical Management Hours
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)

eBusiness Technical Support

Phone: **423-535-5717**
e-mail: ecom_techsupport@bcbst.com
Monday – Friday, 8 a.m. to 6:30 p.m. (ET)

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