

February 2011

## BlueCross BlueShield of Tennessee, Inc. (BCBST)

(Applies to all lines of business unless stated otherwise)

### CLINICAL

#### Medical policy updates/changes

BlueCross BlueShield of Tennessee Medical Policy Manual has been updated to reflect the following policies. 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 March 10, 2011

- Hyperbaric Oxygen Pressurization Therapy (HBO2)
- Thermal Shrinkage as a Treatment of Joint Instability

**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:

#### 2009 Focused Update Incorporated Into the ACC/AHA 2005 Guidelines for the Diagnosis and Management of Heart Failure in Adults

<<http://content.onlinejacc.org/cgi/content/full/jacc.2008.11.013>>

#### Guide to Clinical Prevent. Services

<<http://www.uspreventiveservicestaskforce.org/uspsttopics.htm>>

#### Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents - Third Edition

<[http://brightfutures.aap.org/3rd\\_Edition\\_Guidelines\\_and\\_Pocket\\_Guide.html](http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html)>

#### Treatment of Patients with Panic Disorder, Second Edition

<[http://www.psychiatryonline.com/pracGuide/pracGuideTopic\\_9.aspx](http://www.psychiatryonline.com/pracGuide/pracGuideTopic_9.aspx)>

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.

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

Effective Jan. 1, 2011, the following drugs have been added to our commercial Specialty Pharmacy drug list. Those requiring prior authorization are identified by (PA).

##### *Provider-administered via medical benefit:*

Halaven (PA)  
Jevtana (PA)  
Lumizyme (PA)  
Prolia (PA)  
Temodar Injection (PA)  
Xeomin (PA)

##### *Provider/Self-administered via medical or pharmacy benefit:*

Cinryze (PA)

##### *Self-administered via pharmacy benefit:*

Benlysta (PA)  
Telaprevir

**Note:** The drug Arcalyst has been removed from provider-administered specialty pharmacy products and added to our self-administered specialty pharmacy products.

#### Reminder: Separate prescription required for Schedule II medications

Effective Jan. 1, 2011, prescribers are reminded that new law requires every written, printed or computer-generated Schedule II prescription be on a separate prescription order<sup>‡</sup>. The new law, Public Chapter 795 enacted in 2010, can be found online at

<<http://state.tn.us/sos/acts/106/pub/pc0795.pdf>>.

If pharmacies receive multiple prescription orders on the same prescription form as an order for a Schedule II controlled substance, the pharmacy should only use the form for the Schedule II prescription record and should contact the prescriber to make him or her aware of the law and to obtain either an additional written, faxed or verbal order for the other prescriptions.

<sup>‡</sup>This new law does **not** apply to:

- inpatients of a hospital;
- outpatients of a hospital where the prescription is written into the medical order and the written order is unobtainable to the patient or patient's agent or representative;
- a nursing home, or assisted care facility as defined in TCA 68-11-201;
- inpatients or residents of a mental health hospital; or
- residential facility licensed under Title 33 or individuals incarcerated in a local, state, or federal correctional facility.

### ADMINISTRATIVE

#### Update: Hospital outpatient code bundling edits on paid claims reinstated

The National Correct Coding Initiative (NCCI) code bundling edits for all commercial lines of business are planned for February 28 rather than January 1 as

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### ADMINISTRATIVE (cont'd)

#### Update: Hospital outpatient code bundling edits on paid claims reinstated (cont'd)

previously communicated in the December *BlueAlert*. The code edits will be applied to two-months' paid claims each month until up-to-date status is reached. The edits will be applied to claims paid after Jan. 1, 2010. Reference the December 2010 *BlueAlert* for more information.

#### 2011 HEDIS® medical record review project set to begin

BlueCross BlueShield of Tennessee and Volunteer State Health Plan, Inc. will begin annual Healthcare Effectiveness Data and Information Set (HEDIS®) projects in March 2011. This initiative is required to meet National Committee for Quality Assurance (NCQA) accreditation, as well as Bureau of TennCare and The Centers for Medicare & Medicaid Services (CMS) reporting requirements for BlueCare, TennCareSelect, commercial and Medicare Advantage members.

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

- childhood immunizations;
- adolescent well-care visits;
- prenatal and postpartum care;
- cervical cancer screening;
- controlling high blood pressure;
- comprehensive diabetes care; and
- cholesterol management for patients with cardiovascular conditions

A representative from BCBST will be calling your office in the near future to request documentation or schedule an onsite review of medical records for data abstraction. All information should be received prior to May 14, 2011, to meet strict reporting timeframes for this project.

**Note:** BCBST and providers can continue to share information related to a member's protected health information (PHI) without

the member's authorization when the information is needed for health care treatment or payment activities. The Privacy element of the Health Insurance Portability and Accountability Act of 1996, (HIPAA) works to protect members' PHI but also allows use by providers and insurers in the course of normal business when related to Treatment, Payment or Health Care Operations (TPO).

#### P4 Pathway Oncology Program update

As previously communicated in the January 2011 *BlueAlert*, P4 Pathway codes have been updated. Code deletions effective Dec. 31, 2010, were based on quarterly coding changes. Upcoming deletions effective March 31, 2011, are due to incompatibility with our Specialty RX program coding guidelines.

For current code lists, please refer to the P4 Pathway Oncology Program section on the Provider page on the company website, [www.bcbst.com](http://www.bcbst.com).

#### Reminder: Accessing Physician Quality and Cost Reporting Program

The Physician Quality and Cost Information, including 2011 program updates, will soon be available for physician<sup>1</sup> 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](http://www.bcbst.com) and clicking on "Register Now!" in the *BlueAccess* section, selecting "Provider" and following registration instructions available at <https://www.bcbst.com/secure/providers/>. You will need to "request a shared secret"<sup>2</sup> for all provider ID numbers you need to access.

For more information or *BlueAccess* training, contact eBusiness Solutions at (423) 535-5717 or e-mail at [Ecomm\\_TechSupport@bcbst.com](mailto:Ecomm_TechSupport@bcbst.com).

<sup>1</sup> Hospital-based physicians excluded

<sup>2</sup> A "Shared Secret" is required. Your staff may already have your "Shared Secret".

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Note: At this time, this tool is not available for BlueCare, TennCareSelect, FEP or Cover Tennessee plans.

#### Reminder: Be aware of member rights and responsibilities

As a BlueCross BlueShield of Tennessee network provider, you should know what our members are being told to expect from you and what you have the right to expect from those members. To comply with regulatory and accrediting requirements, we periodically remind members of their rights and responsibilities. These reminders are intended to make it easier for members to access quality medical care and to attain services.

Member rights and responsibilities are outlined in both the BlueCross BlueShield of Tennessee and Volunteer State Health Plan provider administration manuals, which are available on *BlueSource*, BCBST's quarterly provider information CD and online on our company websites [www.bcbst.com](http://www.bcbst.com) and [www.vshptn.com](http://www.vshptn.com).

#### BlueCross earns top ranking by National Business Coalition on Health

BlueCross BlueShield of Tennessee has earned a top ranking by the National Business Coalition on Health (NBCH) through its eValue8™ health plan performance evaluation process. eValue8 is the leading evidence-based tool available to health care purchasers to assess and manage the quality of their health care vendors.

Nationally, 64 health plans participated in the most recent eValue8 evaluation process, which gathers hundreds of benchmarks in critical areas such as the adoption of health information technology, member and provider communication and support, disease management, among other measurements.

BlueCross was the highest-ranking health plan in Tennessee, and in the top 15 percent of evaluated PPO health plans on a national level. BlueCross was ranked in the country's top 10 for five of the seven modules that make up the eValue8 evaluation.

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### ADMINISTRATIVE (cont'd)

#### BlueCross earns top ranking by National Business Coalition on Health (cont'd)

With this recognition by the NBCH, BlueCross has been endorsed by HealthCare 21 Business Coalition as a health plan of high value in Tennessee, which requires meeting a set of performance standards, as well as completion of the NBCH's eValue8 tool.

#### Additional changes to readmission guidelines

A readmission is defined as a preventable, unplanned admission occurring within fourteen (14) days after a hospital discharge to the same facility for a condition related to, or complication of the original hospital stay or admission resulting from a modifiable cause. Claims for patients at either a DRG or Per Diem<sup>†</sup> facility that are re-admitted under these circumstances are not eligible for two payments.

#### Some examples of readmissions that MAY NOT be authorized are:

- respiratory admissions, e.g., asthma, COPD, pneumonia;
- complications from surgical procedures; or
- abdominal pain.

#### Some examples of readmissions that MAY be authorized are:

- NICU admissions;
- planned admissions;
- cancer diagnoses for chemotherapy;
- complications of pregnancy;
- admissions for coronary artery bypass surgery following an admission for chest pain;
- children 18 years and under admitted to any facility; or
- admissions for complication due to rejection of transplant/implant surgery.

These guidelines apply to Commercial, BlueCare/TCS, and Cover Tennessee lines of business.

<sup>†</sup> Effective March 1, 2011, for Per Diem facilities.

#### Reminder: Nurse Practitioner modifier guidelines

Nurse Practitioners (NP) are reminded they are required to file the appropriate modifier in conjunction with their contracted agreement with BlueCross BlueShield of Tennessee. Claims that do not follow this guideline will be subject to audit recovery. For more information please refer to the Billing and Reimbursement section of the *BCBST Provider Administration Manual*, located on the company website at <http://www.bcbst.com/providers/manuals/bcbstPAM.pdf>.

### BlueCare/TennCareSelect CLINICAL

#### Reminder: Filing claims appropriately for Abortion, Sterilization, Hysterectomy (ASH)

VSHP covers abortions, sterilization and hysterectomies pursuant to applicable federal and state laws and regulations. For a provider to receive payment, all requirements must be met, and the corresponding paperwork (forms, medical records, etc.) must be submitted and completed in their entirety.

**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

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not institutionalized. There must be 30 days between the date of the member's signature on the consent form and the date of the sterilization procedure. However, this timeframe is reduced to 72 hours when care involves premature delivery or emergency abdominal surgery.

**Hysterectomy** is a covered service if it is Medically Necessary. The member or her representative, if any, must be informed orally and in writing, by completing the acknowledgement form, 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 the company's websites [www.bcbst.com](http://www.bcbst.com) and [www.vshptn.com](http://www.vshptn.com) for complete rules and regulations regarding billing and required documentation for these services. Checklists of requirements for each of these procedures is available on the company website at [www.bcbst.com/providers/bluecare-tenncareselect](http://www.bcbst.com/providers/bluecare-tenncareselect). Failure to provide the required forms and documentation will result in claim denial for ASH procedures as well as associated services.

#### Reminder: Request for lead screening results

Under the TennCare program, children receive a lead screening as part of their TENNderCARE exams. You may be contacted by phone or letter from Volunteer State Health Plan requesting lead screening results for use in following up with members where appropriate.

Our Elevated Blood Lead Management Program provides counseling and education to parents/caregivers and can assist with management and follow up to members who have elevated blood lead levels (EBLLs). Providers are encouraged to notify us by phone at 1-800-225-8698, or by fax at 423-535-7790 of any members having EBLLs.



**BlueCare/TennCareSelect**  
**ADMINISTRATIVE**

**Registration for Electronic Health Record incentive programs**

Registration for Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, administered by The Centers for Medicare & Medicaid Services (CMS), began Jan. 3, 2011. The programs provide incentive payments to eligible health care professionals and hospitals as they demonstrate meaningful use of certified EHR technology.

For more information and how to participate see the CMS website at <http://www.cms.gov/ehrincentiveprograms/>.

**Federal Vaccines for Children guidance on new CPT® Codes for vaccine administration**

The Centers for Medicare & Medicaid Services released new information regarding the Vaccines for Children (VFC) program and the new CPT® vaccine administration codes 90460 and 90461.

According to the Department of Health, reimbursement for the administration codes will continue to be based on a per-vaccine (per unit) basis and NOT on a per antigen or per component basis.

Standard rates will be reimbursed for VFC administration code 90460 for those vaccines included in the VFC program. Reimbursement for the component administration code 90461 is \$0 for the VFC program.

Fee-for-service reimbursement will apply to the administration of vaccines not included in the VFC program. Reimbursement according to components will only be applied to those vaccines not available through the VFC program.

Claims with no vaccine to match the administration fee will be denied with explanation code WB8: The number of administration services for these injections must equal injections billed.

**Disclosure of Ownership and Control Interest Statement**

In accordance with federal requirements under 42 USCA § 1396a(p) and 42 C.F.R. § 438 *et seq* requiring payments of Medicaid funds to providers be monitored, and the contract between Volunteer State Health Plan and the State of Tennessee Bureau of TennCare, VSHP must maintain disclosure information on all its providers.

The Bureau of TennCare chose to implement this provision by use of a *Disclosure of Ownership and Control Interest Statement* form which is designed to collect the information specified in 42 C.F.R. Part 455, Subpart B.

The form must be completed by **each** practitioner, using the instructions for an “Individual” (regardless of group affiliation). Groups of practitioners should complete the form for the group as a whole or unit using the instructions for “Group of Practitioners”. Facilities should complete the form using the instructions for “Disclosing Entity”.

**For example:**

If a group of practitioners contains ten (10) practitioners, each practitioner should complete one (1) form using the instructions for Individuals. Additionally, the group as a whole should complete one (1) form using the instructions for Group of Practitioners.

A total of eleven (11) disclosure forms would be required for the example above. One (1) form completed for the Group **WILL NOT** be sufficient for each practitioner in the group.

The form must be submitted at the time a provider is initially accredited or re-accredited by VSHP, at least once every three (3) years, or whenever there is a material change in the information required by this form.

The BlueCare/TennCareSelect *Disclosure of Ownership and Control Interest*

*Statement* is available on the company website at [www.bcbst.com/providers/Disclosure.pdf](http://www.bcbst.com/providers/Disclosure.pdf).

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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)

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\*These changes will be included in the appropriate 1Q 2011 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. CPT® is a registered trademark of the American Medical Association