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](http://www.bcbst.com/providers/mpm.shtml) under the “Upcoming Medical Policies” link.

**Effective Aug. 13, 2011**

- Azacitidine
- Bendamustine
- Belimumab
- Phototherapy for the Treatment of Skin Disorders

**Effective Aug. 17, 2011**

- Rituximab

**Note:** These effective dates also apply to BlueCare® and TennCare Select pending state approval.

**Modified Utilization Management Guideline updates/changes**


**Effective Aug. 17, 2011**

- Tonsillectomy, Adenoidectomy, Adenotonsillectomy
- Preterm Labor, Threatened
- Angina: Observation Care
- Cesarean Section
- Chest Pain: Observation Care
- Vaginal Delivery
- Vaginal Delivery, Operative

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

Effective July 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:**
- Arzerra (PA)
- Folotyn (PA)
- Treanda (PA)
- Yervoy (PA)

**Self-administered via pharmacy benefit:**
- Corifleg
- Incivek
- Sylatron
- Vicrelis
- Zytiga

**Clinical Practice Guidelines adopted**

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

**Guidelines for the Diagnosis and Management of Asthma (EPR-3)**
<http://www.nhlbi.nih.gov/guidelines/asthma/index.htm>

**Working Group Report on Managing Asthma During Pregnancy: Recommendations for Pharmacologic Treatment - Update 2004**
<http://www.nhlbi.nih.gov/health/prof/lung/asthma/astpreg.htm>

**Pediatric Immunizations**
<http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>

<http://www.neurology.org/cgi/reprint/55/6/754.pdf>


**Global Strategy for the Diagnosis, Management and Prevention of COPD**
<http://www.goldcopd.org/>

**ACOG: Guidelines for Perinatal Care, 6 Edition**
<http://www.acog.org/bookstore/Guidelines_for_Perinatal_Care__P262.cfm>

**ICSI: Health Care Guideline: Routine Prenatal Care, 14th edition**
<http://www.icsi.org/prenatal_care_4/prenatal_care__routine__full_version__2.html>
This does not apply to State of Tennessee business which requires all outpatient surgeries performed in an outpatient or free-standing surgical facility to obtain prior authorization.

Note: All inpatient admissions continue to require prior authorization.

New requirements for members who need medication assisted treatment (MAT)

Effective Aug. 1, 2011, members who need MAT for chemical dependency will have new prior authorization requirements for prescription drugs. This requirement is for members who are challenged with chemical dependency to narcotic-containing pain medication (e.g. hydrocodone and oxycodone) and/or alcohol. This program safely and effectively manages medicine(s) used for sobriety. The program includes a doctorate-level pharmacist review and care management to support member participation in therapy and community programs such as Alcoholics Anonymous and Narcotics Anonymous.

Research shows treating chemical dependency is more successful when medicine and behavioral therapies are combined. The new prior authorization requirements will help members get the most appropriate level of care.

The following guidelines highlight the new treatment requirements:

- BlueCross BlueShield of Tennessee Pharmacy Management will conduct ongoing reviews of the member’s program treatment medicine(s) and all other pharmaceutical agents/drugs used
- A behavioral care manager will assist and monitor the member during the program, as well as:
  - Establish a treatment plan
  - Confirm the member gets adequate psychotherapy and counseling
  - Make sure the member is involved in group support with an appropriate level group (i.e., Alcoholics Anonymous and/or Narcotics Anonymous)

Note: This pharmacy management program applies only to members whose prescription drug coverage is provided by BlueCross BlueShield of Tennessee.

State of Tennessee website update

Beginning July 1, 2011, the official State of Tennessee web address will be www.tn.gov. The web addresses "state.tn.us" and "Tennessee.gov" will not longer be automatically redirected from those sites to www.tn.gov as they are now.

"Contact Us" more efficiently

The routing of emails sent through Contact Us is changing on July 1, 2011. To streamline email inquiries, you will be prompted to choose the BlueCross BlueShield of Tennessee line of business (LOB) to direct your inquiry. Simply choose the appropriate LOB and enter the text for your inquiry.
BlueCross BlueShield of Tennessee, Inc. (BCBST)  
(Appplies to all lines of business unless stated otherwise)

ADMINISTRATIVE (cont’d)  
Reminder: Skilled Nursing Facility (SNF) claims

SNF claims must be billed on a CMS-1450/ANSI 8371, following the UB format. Inpatient services must be billed with a Type of Bill 21X or 22X and outpatient services must be billed with a Type of Bill 23X in Form Locator 4.

BlueCare/TennCareSelect  
CLINICAL

Behavioral health services available

Volunteer State Health Plan (VSHP) would like to assist you in managing your BlueCare and TennCareSelect patients with mental health and substance abuse treatment needs by offering the following services:

- VSHP Referral Assistance is available at 1-800-367-3403 Monday through Friday, 8 a.m. to 5 p.m., ET.
- Telephone consultation services provided by ValueOptions® Peer Advisors, who are Board Certified Psychiatrists, are available to discuss all aspects of mental health and substance abuse treatment including medications. Call 1-877-241-5575 Monday through Friday, 9 a.m. to 5 p.m., (ET). Identify yourself as a TennCare primary care provider seeking psychiatric consultation services.
- VSHP members and providers may call the State of Tennessee crisis hotline at 1-855 CRISIS-1 (1-855-274-7471) for direction to their local crisis team if needed.

Medical records for members with behavioral health diagnosis should reflect efforts that support coordination of medical and behavioral health. Records may include written correspondence to and/or from behavioral health providers, or inquiries regarding such services, and referrals if appropriate.

Behavioral health and developmental screening

Information will be shared with Volunteer State Health Plan members regarding behavioral health and developmental screening. The VSHP Outreach Program will be educating members regarding the signs of ADHD, and encouraging parents or caregivers to follow up with the child’s primary care provider.

Age/risk appropriate assessments should be performed for members under age 21 years per American Academy of Pediatrics (AAP) guidelines found at <http://practice.aap.org/content.aspx?aid=1599>.

Providers should submit CPT® code 96110 for developmental/behavioral screenings performed utilizing standardized screening tools which are located on the Tennessee Chapter of AAP’s website at <www.tnaap.org/DevBehScreening/devbehscreening.htm>.

ADMINISTRATIVE

Reminder: Individualized Education Plan (IEP) requirements

The Individuals with Disabilities Education Act (IDEA) requires public schools to develop an IEP for every student with a disability who is found to meet federal and state requirements for special education. The State of Tennessee requires IEPs for public, private and home-schooled students with a disability. IEPs are designed to meet the unique educational needs of a child who may have a disability. The goals are tailored to the individual child’s needs to help them reach educational goals. IEPs may or may not include medical services.

When medical services are included, TennCare requests the schools share information with the appropriate Managed Care Organization (MCO), such as Volunteer State Health Plan. The Director of Schools is also requested to have school personnel work with MCOs to coordinate care and the delivery of medically necessary services for TennCare school age children with an IEP.

If a VSHP member has an IEP and it is determined that he/she requires medical services, a care manager will be assigned. If necessary, the care manager will assist the parent/guardian in making an appointment to have the child evaluated by their primary care provider (PCP) or a specialist. A copy of the IEP will be provided to the PCP/specialist. VSHP asks for assistance in treating our members who have an IEP, and in following guidelines for documenting their medical care and treatment.

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.
BlueCare/TennCareSelect

ADMINISTRATIVE (cont’d)

Prior authorization for hyperbaric oxygen therapy

Effective Aug. 1, 2011, prior authorization will be required for BlueCare and TennCareSelect members for hyperbaric oxygen therapy (HBO), procedure code C1300. Follow normal procedures to request prior authorization.

BlueAdvantage®

ADMINISTRATIVE

Billing and reimbursement guidelines for radiopharmaceuticals and contrast agents

Effective July 1, 2011, when billing radiopharmaceuticals and contrast materials on a CMS-1500/ANSI-837P professional claim for MedAdvantage products, providers should refer to guidelines found in the BlueCross BlueShield of Tennessee Provider Administration Manual in the Billing and Reimbursement section.

Reminder: BlueAdvantage contracts with CareCentrixSM for certain services

Effective July 12, 2011, CareCentrix will manage complete benefit administration of all durable medical equipment (DME)/medical supplies, home health, orthotic and prosthetic services prescribed for BlueAdvantage PPO members. Contact CareCentrix for prior authorization, provider service and claims administration of these services via one of the following methods:

Phone: 1-866-776-1123
Fax: Initial Authorization 1-866-501-4665
Fax: Reauthorization 1-866-501-4666
Web submission: <https://www.carecentrixportal.com/ProviderPortal>**

**To gain access to CareCentrix’ secure site for web submission, email portalinfo@carecentrix.com or fax your request to 1-919-792-6823. To establish electronic claims submission, email edinfo@carecentrix.com or fax your request to 1-919-792-6822.

BlueCard®

ADMINISTRATIVE

Quick guide to BlueCross and/or BlueShield member ID cards

A new quick guide is available for providers that gives information on member ID cards to help ensure prompt and accurate claims processing.

The quick guide provides an overview of various Blue ID cards and symbols on the cards. It also provides other information on the ID cards such as how to identify the member’s product, obtain contact information from health plans and assistance with claims processing.

This guide is available in the provider section of the company website, www.bcbs.com on the BlueCard page. For additional information, please contact us at 1-800-705-0391.

BlueCard claim filing guidelines for lab, durable/home medical equipment and specialty pharmacy

Ancillary claims for independent clinical lab, DME/HME and specialty pharmacy should be filed to the local plan. The local plan is the plan in the service area where the ancillary services are rendered. File claims according to the specific ancillary service listed below.

Independent Clinical Labs
Lab providers should file claims to the Blue Plan in the service area where the specimen was drawn. If the lab specimen was collected in a Tennessee location, file to BlueCross BlueShield of Tennessee. The claim will be paid based on your participation status with the local plan.

DME/HME Providers
DME/HME providers should file claims to the Blue Plan in the service area the equipment or supply was shipped to, or purchased from. If the equipment was delivered to a member in Tennessee, file to BlueCross BlueShield of Tennessee. The claim will be paid based on your participation status with the local plan.

Specialty Pharmacies
Specialty pharmacy generally includes injectables and infusion therapies.

Examples of major conditions these drugs treat include, but are not limited to, cancer, HIV/AIDS, and hemophilia. Specialty pharmacies should file the claim to the Blue Plan where the ordering physician is located. If the ordering physician is in Tennessee, file to BlueCross BlueShield of Tennessee. The claim will be paid based on your participation status with the local plan.

For more information, contact us at 1-800-705-0391.

*These changes will be included in the appropriate 3Q 2011 provider administration manual update. Until then, please use this communication to update your provider administration manuals.

BlueCross BlueShield of Tennessee is an Independent Licensee of the BlueCross BlueShield Association. CPT® is a registered trademark of the American Medical Association.