



November 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 Nov. 16, 2011

- Bariatric Surgery for Morbid Obesity
- Erythropoiesis-Stimulating Agents (ESAs)

Effective Nov. 19, 2011

- Cochlear Implant
- Intradialytic Parenteral Nutrition (IDPN)

Effective Dec. 10, 2011

- Ablation Treatments for Barrett's Esophagus
- Biochemical Markers for Alzheimer's Disease
- Biventricular Pacemakers for the Treatment of Heart Failure
- Digital Breast Tomosynthesis
- Intracavitary Balloon Catheter Brachytherapy for Malignant Gliomas or Metastases to the Brain
- Sacroiliac Joint Arthrography and Injection
- Acoustic Cardiography
- Computed Tomography (CT) Perfusion Imaging
- Plugs for Fistula Repair
- Serum Tumor Markers for Breast Malignancies
- Stem Cell Therapy for Peripheral Artery Disease

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 Updates: ACC/AHA Guidelines for the Management of Patients With ST-Elevation Myocardial Infarction (Updating the 2004 Guideline and 2007 Focused Update) and ACC/AHA/SCAI Guidelines on Percutaneous Coronary Intervention (Updating the 2005 Guideline and 2007 Focused Update)

<<http://circ.ahajournals.org/cgi/content/full/120/22/2271>>

Use in correlation with:

2007 Focused Update of the ACC/AHA 2004 Guidelines for the Management of Patients with ST-Elevation Myocardial Infarction

<<http://circ.ahajournals.org/content/117/2/296.full.pdf+html>>

ACC/AHA 2004 Guidelines for the Management of Patients with ST-Elevation Myocardial Infarction

<<http://circ.ahajournals.org/content/110/5/588.full.pdf+html>>

Guide to Clinical Preventive Services

<<http://www.uspreventiveservicestaskforce.org/recommendations.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>

Periodic Table:

<<http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Schedule%20101107.pdf>>

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>>

2011 ACCF/AHA Focused Update of the Guidelines for the Management of Patients With Unstable Angina/ Non-ST-Elevation Myocardial Infarction (Updating the 2007 Guideline)

<<http://circ.ahajournals.org/cgi/content/full/123/18/2022>>

Use in correlation with:

2007 Guidelines for the Management of Patients With Unstable Angina/Non-ST-Elevation Myocardial Infarction

<<http://circ.ahajournals.org/content/116/7/803.full.pdf>>

Guidelines for the Prevention of Stroke in Patients With Stroke or Transient Ischemic Attack. A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association (2010)

<<http://stroke.ahajournals.org/cgi/reprint/STROKE.0b013e3181f7d043v1>>

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.

Reminder: The Good Health Toolkit available on our website

BlueCross BlueShield of Tennessee recognizes the critical role physicians have in motivating patients to be healthier. We encourage you to visit our website, <http://www.bcbst.com/providers/Good_Health_Toolkit/default.shtml> to print the Good Health Club Physician Information and Toolkit.

The toolkit, which contains materials about childhood obesity and diabetes, is available in both English and Spanish for you to print and offer to your commercial patients.

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CLINICAL (Cont'd)

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 RSV 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/ISSL/WebHelp/Palivizumab.htm>

A downloadable Synagis® enrollment form is also available on the company website at <http://www.bcbst.com/providers/forms/synagis.pdf>.

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 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: 1-800-874-9179

ADMINISTRATIVE

BCBST is ready for 5010

BlueCross BlueShield of Tennessee is in production with HIPAA 5010 EDI

transactions. This includes Electronic Claims (837), Electronic Remittance Advice (835) and Claim Acknowledgements (277CA). It is important for you to begin conducting these transactions prior to the Jan. 1, 2012, federally mandated date. If you have questions about 5010, please contact the eBusiness Service Center at 423-535-5717 or e-mail at ecomm_technicalsupport@bcbst.com. For more information about moving to production, visit

<https://www.bcbst.com/providers/ecomm/hipaa-5010-upgrade.shtml>.

BlueCross BlueShield of Tennessee handles 30,000 claims-related documents daily

There can be over 120,000 pieces of paper in a 24-hour period with a 99.90 percent accuracy rate.

Visit www.bcbst.com for a video tour of the process Enterprise Document Management (EDM) goes through to insure your claims and documents are processed and routed timely at

<http://www.bcbst.com/providers/video/life-cycle-of-a-claim.shtml>

Reminder: Practice Pattern Analysis available online

BlueCross BlueShield of Tennessee periodically performs a Practice Pattern Analysis (PPA), which is a quality management study designed to provide practitioners with important information about their utilization practices and quality of care.

The PPA is available online through BlueAccess. If you have not yet registered to use BlueAccess, please call 1-800-924-7141 to complete the process. For additional assistance regarding your PPA, contact your local Network Manager.

REMINDER – Billing hospice services appropriately

Hospice services must be billed in accordance with BlueCross BlueShield of

Tennessee Billing Guidelines to include but not limited to:

- Hospice claims must be billed on a CMS-1450/ANSI-837I claim form.
- To facilitate claims administration, a separate line item must be billed for each date of service.
- Hospice providers may bill with either Type of Bill (081X or 082X) in Form Locator 4 as long as the inpatient and outpatient services are on separate claims.
- The Statement From/Thru Dates must also correspond with the total days billed on the inpatient care.
- Hospice claims should be billed with the Hospice provider number and/or NPI referenced in the Network Attachment.
- For Continuous Home Care, RC 0652, one unit should equal 15 minutes NOT an hour. Continuous Home Care will not be reimbursed when less than 8 hours (32 units) and will be capped at 24 hours (96 units) per calendar day.
- Reimbursement allowable rate per unit will be rounded up to the second decimal amount (e.g. \$8.7110 would reimburse at \$8.72).

In all cases reimbursement for Hospice services is based on:

- Per diems allowed on a per day basis, not per visit;
- The lesser of total covered charges or maximum allowable Hospice Fee Schedule

Note: Charges submitted for Non-Covered Services are not eligible for meeting the per diem amount.

Reminder: Discontinuation of Blue Network K

Effective Nov 1, 2011, BlueCross BlueShield of Tennessee will discontinue its Blue Network K based product and network. Also, the policy that established Gold Carding based on Network K, will also cease to exist. We would like to extend our appreciation for your participation in support of our members during this process.

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ADMINISTRATIVE (Cont'd)

Upcoming enhancements for Real-Time Claims Adjudication

Real-Time Claims Estimation/Adjudication (RTCA) allows providers to develop accurate patient liability at the point of service through claim estimation. Soon providers will be allowed to include a National Drug Code (NDC) with a procedure code. Additionally, providers will have a place to enter patient account number.

Look for the announcement about these new enhancements coming soon to RTCA in the **Updates** section of the Provider page on www.bcbst.com.

BlueCare/TennCareSelect

CLINICAL

Breast cancer screening

American Congress of Obstetricians and Gynecologists (ACOG) have a new statement on mammography released on July 20th, 2011. The complete information is located at

<http://www.acog.org/from_home/publications/press_releases/nr07-20-11-2.cfm>.

According to a CNN article in May, the use of mammograms has dipped since a medical task force made controversial recommendations that women in their 40s may not need to get breast cancer screenings every year.

Breast cancer screening is a covered benefit for VSHP members. VSHP would like to encourage providers to discuss breast cancer screening or recommend mammograms for their patients.

VSHP medical policy is as follows:

Mammography screening for women will be considered **medically appropriate** with **ANY ONE** the following:

- Women at average risk with **ANY ONE** of the following:

- A baseline mammogram for women thirty-five (35) to forty (40) years of age
 - Annual mammogram for women ages forty (40) and over
- Women at high risk with the **ANY ONE** of the following:
- Breast changes that persist, such as a lump, thickening, swelling, dimpling, skin irritation, distortion, retraction or scaliness of the nipple, nipple discharge, or a previous abnormal mammogram
 - Diagnosis of a breast disease that may predispose a woman to breast cancer
 - Family history of breast cancer (mother, daughter, sister), or having two or more close relatives, such as cousins, with history
 - Menopause at 55 years or older
 - No childbearing or late childbearing (age 30 or older at first birth)
 - Personal history of breast cancer
 - Personal history of two or more biopsies for benign breast disease
 - Start of menses at or before age 10
 - Unclear, difficult mammogram reading due to denseness (above 75 percent)

Billing Guidelines for wound care services*

In keeping with current correct coding criteria, effective Nov. 1, 2011, the Volunteer State Health Plan (VSHP) will amend the wound care reimbursement fee schedule to include eligible CPT[®] codes 11042-11047. Facilities may bill the wound care related CPT[®] codes in conjunction with revenue code 0519 (Clinic-Other Clinic). If services are performed in the operating room, providers should file with the appropriate Revenue Code to receive surgery grouper allowable. This applies to all acute care/freestanding facilities.

Wound care guidelines may be found in the Provider Administration Manuals which are available on the Provider page of company websites, www.vshptn.com and www.bcbst.com.

Changes to outpatient billing guidelines for acute care providers*

In keeping with current correct coding standards, Volunteer State Health Plan (VSHP) will amend the minor surgery reimbursement fee schedule to include any active revenue codes (RCs) for outpatient services filed on a CMS-1450 facility claim. For example, eligible minor surgery HCPCS/CPT codes may be billed with RC 0361, RC 0450, etc. regardless of date of service. This change will assist providers in billing for acute care minor surgery.

Current billing guidelines may be found in the *VSHP Provider Administration Manual* which is available on the provider page of the VSHP website, www.vshptn.com.

CHOICES

ADMINISTRATIVE

Reminder: Plan of care for CHOICES member

As a participating provider in the CHOICES program primary care providers have an obligation to collaborate with a member's care coordinator in establishing a Plan of Care. A large part of this collaboration involves supplying the member's history and physical in a timely manner when requested. Authorization of services and the member's Plan of Care are dependent on the information contained in the physician's history and physical documentation. When a VSHP CHOICES representative contacts you for a history and physical, please provide the requested information as quickly as possible.

BlueCare/TennCareSelect

ADMINISTRATIVE

End of claims processing for BlueCare "Non-Risk" contract

After Dec. 1, 2011, neither VSHP nor the Bureau of TennCare will process claims for dates of service July 1, 2002 through Dec. 31, 2008, under the BlueCare "Non-Risk" Contract. If you have questions, please contact your Provider Network Manager, or call the BlueCare Provider Service line†.

BlueCare/TennCareSelect
ADMINISTRATIVE (Cont'd)

Webinar link regarding 5010 implementation

On Sept. 28th 2011, ValueOptions, in partnership with VSHP, held a webinar regarding 5010 changes and how they impact outpatient facility providers. To view the webinar, go to <<http://www.valueoptions.com/providers/Network/TennCare.htm>> . Please continue to check the company websites www.vshptn.com and www.bcbst.com for additional information regarding 5010 implementation and how it impacts all providers.

Claims subject to retrospective review

BlueCross BlueShield of Tennessee retrospectively audits VSHP claims for improper payments. The identification of improper payments will occur for claims according to provider contractual requirements. Claims submitted by a provider to BlueCross on a CMS-1450 (UB04) or CMS-1500 claim form are subject to audit.

BlueCross will perform **Complex Reviews**, a thorough review of a medical record for coding validation and utilization review, and **Automated Reviews**, where no medical record is required. All complex reviews are performed with VSHP Medical Director oversight by physicians, RNs and certified coders.

For more information refer to Frequently Asked Questions (FAQs) available on the Provider page of the company website, www.bcbst.com.

BlueAdvantage
CLINICAL

Reminder: Notification of Hospice services required

In the September *BlueAlert* we advised that effective Oct. 1, 2011, **BlueCare/TennCareSelect will no longer** require prior authorization for Hospice

services, but **will** require notification except for Medicare dual eligible members who will not require prior authorization nor notification. Notification must include demographic and clinical information, and identify who will be performing the service(s). This information is necessary for accurate claims processing and payment. **Notification will be accepted by FAX ONLY.**

All notifications of service are screened for non-covered, out-of-network, and investigational procedures. Notifications of services are not subject to prospective medical necessity review, but may be subject to retrospective review based on Medical Policy.

Please notify the Utilization Manager of Hospice services via fax at:

East Grand Region Fax: 1-800-292-5311
West Grand Region Fax: 1-800-919-9213
TennCareSelect Fax 1-800-292-5311

Cover Tennessee
CLINICAL

New Medication Assisted Treatment Program announced

Effective Dec. 1, 2011, BlueCross BlueShield of Tennessee is pleased to announce a new Medication Assisted Treatment (MAT) program for members who have their pharmacy benefit administered by AccessTN. This program is designed for those members who are challenged with chemical dependency to such substances as narcotic containing pain medication (e.g. hydrocodone, oxycodone, etc.) and/or alcohol.

The program was developed to provide safe and effective management of medication(s) used for sobriety management and includes doctorate-level pharmacist review and care management to support member participation in therapy and community programs such as AA/NA.



† 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)



BlueCross BlueShield of Tennessee offices will be closed Nov. 24 & 25, 2011, in observance of the Thanksgiving Holiday.



*These changes will be included in the appropriate 4Q 2011 provider administration manual update. Until then, please use this communication to update your provider administration manual.