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 June 1, 2012

- Interferential Current Stimulation for the treatment of Pain

Effective July 14, 2012

- Hematopoietic Stem Cell Transplantation for Central Nervous System Embryonal and Ependymoma Tumors
- Automated Percutaneous and Endoscopic Discectomy
- Chromosomal Microarray (CMA) Analysis for the Genetic Evaluation of Individuals with Developmental Delays/Intellectual Delays or Autism Spectrum Disorder
- Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis
- Microwave Tumor Ablation
- Ophthalmologic Techniques for the Evaluation of Glaucoma
- Serologic Diagnosis of Celiac Disease
- Trigger Point Injections

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

Reminder – Accessing Physician Quality and Cost Reporting Program

Updates to the Physician Quality and Cost Information are currently available for private physician review on our secure BlueAccess Web portal.

To access your quality and cost information physicians should have a BlueAccess user ID and password. First-time users can register by logging on to www.bcbst.com and clicking on “Register Now!” in the BlueAccess section, selecting “Provider” and following registration instructions available at https://www.bcbst.com/secu providers/.

You will need to “request a shared secret” for all provider ID numbers that 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

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: Appropriate billing for lidocaine

HCPCS code J2001 (Injection, lidocaine HCL for intravenous infusion, 10 mg) is limited by code description to IV infusion only. It is inappropriate to append modifier 59 to this code or to submit this code for local anesthetic use.

Modifier 59 should only be used with procedure codes to indicate a distinct procedural service. Lidocaine used as a local anesthetic has no distinct HCPCS code and should be billed using J3490 (Unclassified drugs).

CMS/AMA guidelines consider the use of lidocaine, marcaine, procaine, xylocaine or any “-caines” as part of the surgical service and not separately reimbursed when used as a local anesthetic.

ADMINISTRATIVE

Blue Physician Recognition (BPR) program begins in July

Effective July 1, 2012, BlueCross BlueShield of Tennessee will launch the Blue Physician Recognition (BPR) program. BPR recognizes physicians across multiple disciplines and care settings who are participating in quality initiatives as determined by BlueCross BlueShield of Tennessee.

The names of physicians who participate in BlueCross BlueShield of Tennessee’s Pay for Performance programs, Patient Centered Medical Home program, bundled payment initiative, or one of the Association’s quality-based recognition programs have been submitted for display on the Blue National Doctor & Hospital Finder with the BPR icon.

For more information about this program, please visit our website, www.bcbst.com, and click on the link Blue Physician Recognition on the provider page.

Coming soon, a new and improved BlueAccess eServices application

Later this year, changes will be made to the BlueAccess eServices application making the tool even more simple to use than the current version, especially regarding web authorizations. BlueCross BlueShield of Tennessee looks forward to giving you more details about this enhancement at the upcoming All Blue Workshops and in future BlueAlert newsletters.
Electronic Funds Transfer (EFT) is the answer to faster payments
A safe, secure and cost-effective way to receive your payments

EFT provides a method of transferring payments automatically from us to your bank. EFT is available for all lines of business including Commercial, BlueCare, TennCare Select, BlueCard, Federal Employee Program (FEP), Medicare Advantage, andPreferred Dental.

Sign up today! Complete the mail-in enrollment form found online at http://www.bcbst.com/providers/forms/EFT_Enrollment.pdf, or for more information call eBusiness Provider Solutions at 423-535-5717 (Option 2) or e-mail, ebusiness_support@bcbst.com.

Getting the best impression

The first person your patients usually see is the Medical Receptionist. The journal Social Science and Medicine recently published a study on their work. The study found receptionists are not just the “gatekeepers” or “person behind the desk.” Their responsibilities often extend way beyond their administrative duties. They are a vital part of patient care.

Medical receptionists deal directly with everyone coming into the office from patients to pharmaceutical representatives, mail men, lab couriers, etc. In addition to their administrative function, they may confirm prescriptions with an angry patient, congratulate a new mother, console a patient whose spouse just died or help a mentally ill patient make an appointment. A significant portion of their work involves managing the emotions and care of patients and families.

Medical receptionists are a key part of the relationship between patients and doctors and patients’ feelings about the receptionist may be reflected in their opinions of their doctor.

BlueCare/TennCareSelect

CLINICAL

Quest Diagnostics to perform lab tests*

BlueCross BlueShield of Tennessee is partnering with Quest Diagnostics® to provide lab testing services for members covered by Volunteer State Health Plan.

Quest Diagnostics is a leading provider of diagnostic testing, information and services, offering enhanced efficiency through:

- Access to more than 3,400 diagnostic tests
- Results within 24 hours for more than 97% of the most commonly ordered tests
- Trained IT Specialists who are available to provide support 24-hours-a-day, 7-days-a-week, 365-days-a-year.

All lab testing will be referred to Quest Diagnostics with the following limited exceptions:

1. Lab testing included on the approved Exclusion List performed by participating providers. The Exclusion List will be posted on the provider section of our website at www.vshptn.com/providers

2. Proprietary lab tests not available through Quest Diagnostics

(3) Outpatient dialysis clinics

Additional details and information will be forthcoming.

ADMINISTRATIVE

Reminder: Abortion, sterilization, hysterectomy requirements

OB-GYNs are reminded that VSHP covers abortions, sterilizations and hysterectomies pursuant to applicable federal and state laws and regulations. For providers to receive payment, all requirements must be met, and the corresponding paperwork (forms, medical records, etc.) must be completed in their entirety and submitted to VSHP.

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 not institutionalized. There must be 30 days between the date of the member’s signature and the date of sterilization procedure.

Hysterectomy is a covered service if it is medically necessary. The member or her representative, if any, must be informed orally and in writing that 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.

*These changes will be included in the appropriate 3Q 2012 provider administration manual update. Until then, please use this communication to update your provider administration manual.

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BlueCare/TennCareSelect
ADMINISTRATIVE (Cont’d)

Reminder: Abortion, sterilization, hysterectomy requirements
(Cont’d)

Please refer to the federal ASH guidelines which are outlined in the VSHP Provider Administration Manual which is located on company websites www.bcbst.com and www.vshptn.com for the complete rules and regulations regarding billing for these services, and for the required documentation. Additionally, checklists for each procedure are available on the company website at bcbst.com/providers/bluecare-tenncareselect.
Failure to provide completed forms and documentation will result in claim denial.

Reminder: Disclosure of Ownership and Control Interest Statement requirement

BlueCare/TennCare Select providers are required by federal guidelines to complete a current Disclosure Form with Volunteer State Health Plan (VSHP). The Disclosure Form must be submitted at the time the provider is initially accredited or re-accredited by VSHP at least once every three years. Effective July 1, 2012 claims payments will be suspended until such time as a current form is on file. The original effective date was April 1, 2012.

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 VSHP and the State of Tennessee Bureau of TennCare, VSHP must maintain disclosure information on all its providers and tax reporting entities with billing activities.

Tax reporting entities with billing activities (groups and facilities) and each rendering practitioner under the entities tax identification number are required to complete a disclosure form in accordance with federal guidelines. For example: If a group (entity) of practitioners contains ten (10) practitioners, each practitioner should complete one (1) Disclosure Form for a Provider Person. Additionally the group as a whole (tax-reporting billing entity) should complete one (1) Disclosure Form for Provider Entities. A total of 11 Disclosure Forms would be required in this example.

If you have any questions please call BlueCross BlueShield of Tennessee’s Provider Service line, 1-800-924-7141, Monday through Friday, 8 a.m. to 5:15 p.m. (ET) and choose the “Network Contracting” option.

The BlueCare/TennCareSelect Disclosure Form and FAQs are available on the company website at <www.bcbst.com/providers/bluecare-tenncareselect/index.shtml> under the BlueCare/TennCareSelect Disclosure section.

Reminder: Identification numbers for newborns

TennCare requires each individual have a unique identification (ID) number. Facilities are required to contact their local Department of Human Resources to request an ID number for newborns. Claims can be filed under the mother’s unique ID number for thirty (30) calendar days after the birth of the baby.

If the baby has been issued an ID number, claims must be filed using the baby’s unique ID. After the initial thirty (30) days, if newborn charges are filed using the mother’s ID number the claim will be denied.

BlueAdvantage
CLINICAL

Medication adherence quality improvement efforts

BlueAdvantage is committed to working with network providers to ensure quality service to members.

Over the next few months, BlueAdvantage will be delivering a number of care campaign calls to its membership in an effort to improve medication adherence for the following conditions:
- Hypertension
- Osteoporosis
- Rheumatoid Arthritis
- Hyperlipidemia
- Diabetes

Members taking high-risk medications will also receive outreach directing them to discuss their medications with their physician.

What can you do?
- Review and reconcile medications at every visit
- Discuss the importance of adherence
- Address medication fill barriers

Musculoskeletal management prior authorization requirement changes*

Effective immediately BlueAdvantage no longer requires prior authorization for the following therapy evaluation codes:

97001 Physical therapy evaluation
97002 Physical therapy re-evaluation
97003 Occupational therapy evaluation
97004 Occupational therapy re-evaluation

For questions contact BlueAdvantage Provider Service†.

June 2012

Administrative
Reminder: Appropriate billing for BlueAdvantage preadmission services

Preadmission services must be billed in accordance to guidelines outlined in the
Centers for Medicare & Medicaid Services (CMS) Hospital Inpatient Billing Manual, section 40.3B. Diagnostic services (including clinical diagnostic laboratory tests) provided to a member by an admitting hospital, or by an entity wholly owned or wholly operated by the admitting hospital (or by another entity under arrangements with the admitting hospital), within

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Non-diagnostic outpatient services related to a member’s hospital admission that are provided by the hospital during the three (3) days immediately preceding and including the date of the patient's admission are deemed to be inpatient services and are included in the inpatient payment. Non-diagnostic preadmission services are defined as being related to the admission only when there is an exact match (for all digits) between the ICD-9-CM principal diagnosis code assigned for both the preadmission services and the inpatient stay.

Non-diagnostic preadmission services to Part B as outpatient services only if they are not related to the admission.

Facilitating accurate pharmacy claims records

Capturing and accurately reporting pharmacy claims data presents challenges for many health insurance plans. Members often choose to use discounted generic prescription programs rather than their medical/pharmacy insurance plan. For this reason, quality improvement campaigns may not be as accurate as possible.

To further improve the quality of our clinical outreach programs, we encourage you to prescribe generic medications for conditions in accordance with our BlueAdvantage formulary. Doing so will place the least amount of financial burden on your patient and allow us to capture the pharmacy claim for quality improvement efforts.

BlueCard

ADMINISTRATIVE

New remittance format for BlueCard claims complete

The remittance format for BlueCard claims has completed its transition. As previously noted in the January 2010 BlueAlert, the format is now similar to the commercial line of business. BlueCard is now in the process of phasing out the legacy payment system. Adjustments for claims processed under the legacy system will be handled as "net" transactions on the new system:

- If the result of an adjustment is an add-pay, the remittance advice will reflect only the additional dollars owed to you.
- If an adjustment results in a recovery, the remittance advice will reflect a recovery for the specific amount owed BlueCross. These will be reflected in the Adjustment Summary section of the remittance advice.

If you have any questions, please contact the BlueCare Provider Service line.

*These changes will be included in the appropriate 3Q 2012 provider administration manual update. Until then, please use this communication to update your provider administration manual.

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)

BlueCard/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: Select Option 2 at 423-535-5717
email: ebusiness_support@bcbst.com
Monday – Thursday, 8 a.m. to 5:15 p.m. (ET)
Friday, 9 a.m. to 5:15 p.m. (ET)