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 Dec. 8, 2012

- Aqueous Shunts for Glaucoma
- Beta Amyloid Imaging with Positron Emission Tomography (PET) for Alzheimer’s Disease
- Genetic Testing for Lipoprotein(a) Variant(s) as a Decision Aid for Aspirin Treatment
- Genotyping for 9p21 Single Nucleotide Polymorphisms to Predict Risk of Cardiovascular Disease or Aneurysm
- Sleep Disorder Studies

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

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**ADMINISTRATIVE**

**BlueAccess improved user experience**

You spoke, and we listened! Coming soon is a new and improved user interface for our online web tools found in the current Service Center application. You will still access patient inquiry for your benefit and eligibility verification, claim center for claim status and Authorization/Advance Determination for your prior authorization requests. Quick reference guides will also be available to you online & will be located underneath the Service Center section of BlueAccess. Please contact your eBusiness Marketing Team if you are interested in personal training or if you have any questions. You may also contact our eBusiness Service center for any technical questions.

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**Magellan Behavioral Health® available to assist medical practitioners**

BlueCross BlueShield of Tennessee, AccessTN and CoverKids all partner with Magellan Behavioral Health to address mental health and substance abuse disorders. For your patients with behavioral health needs, Magellan can assist in providing care with:

- important resources, including the locations, practice and specialty information about practitioners and facilities;
- total network resources available to patients, including resources often outside the awareness of the patient or practitioner;
- providing medical practitioners information about crisis intervention and alternatives to inpatient levels of care;
- medical directors are available to discuss treatment, medications or alternative resources; and
- communication with primary medical practitioners.

To help ensure our members receive the most appropriate care, Magellan is committed to successful communication between behavioral health providers and primary care practitioners. This communication and coordination provides the best plan of care for your patients.

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**Additional information regarding behavioral health is available on our company website at <http://www.bcbst.com/providers/behavioral_health/>.**

Contact Magellan by calling the toll-free number on the patient’s member ID card. Practitioner information and tools are also available on Magellan’s website, www.magellanprovider.com.

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**BlueCross focuses on improving preventive care**

BlueCross BlueShield of Tennessee’s Preventive Screening Programs focus on improving the quality of preventive clinical care received by its members. As part of this initiative, BlueCross conducts member education and other activities to promote prevention and help ensure continued health and wellness within our member populations and to improve the preventive screening rates as determined by the Healthcare Effectiveness Data Information Set (HEDIS®).

Preventive screening reminders are disseminated through various avenues including, but not limited to postcards, telephone reminder messages and Care Management education. However, despite such efforts by BlueCross and our network providers to increase screenings, several rates continue to fall below the benchmarks set by the National Committee for Quality Assurance (NCQA) for the highest level of quality. The HEDIS® 2012 results show more emphasis is needed to improve rates for cervical cancer screening, breast cancer screening and colorectal cancer screening.

Preventive screenings are a covered benefit for most BlueCross plans and some have little or no out-of-pocket costs to members. Health care providers, due to their direct patient contact, play an essential role in actively encouraging patients to undergo appropriate screenings. Providers who perform these screenings are eligible for reimbursement at their contracted rates.
BlueCross BlueShield of Tennessee, Inc. (BCBST) (Applies to all lines of business unless stated otherwise)

ADMINISTRATIVE (Cont’d)

BlueCross focuses on improving preventive care (Cont’d)

The Preventive Services section on the Provider page on the company website, www.bcbst.com, offers links and resources to assist providers in performing and promoting preventive care.

NCCI edits for commercial lines of business

Since 1996 the Medicare National Correct Coding Initiative (NCCI) procedure to procedure edits have been assigned to either the Column One/Column Two Correct Coding edit file or the Mutually Exclusive edit file based on the criterion for each edit. As of April 1, 2012, in order to simplify the use of NCCI edit files, The Centers for Medicare & Medicaid Services (CMS) will no longer publish a Mutually Exclusive edit file on its website for either practitioner or outpatient hospital services. All active and deleted edits will appear in the single Column One/Column Two Correct Coding edit file.

The edits previously contained in the Mutually Exclusive edit file are NOT being deleted but are being moved to the Column One/Column Two Correct Coding edit file. The Mutually Exclusive edits were denied as redundant. With this move all Column One/Column Two Edits are considered as redundant and the charges will be denied with a denial explanation.

Pharmacy program enhancements beginning Jan. 1, 2013

BlueCross is making a transition to Express Scripts® as our new pharmacy benefit manager for all commercial, Cover Tennessee and BlueAdvantage pharmacy members. While many processes will remain the same, there are a number that will change. The transition should be smooth for both you and your patients.

Some key points to this transition are:

- **Formulary** – will remain as the standard BlueCross BlueShield of Tennessee formulary. The process for communicating changes – typically effective Jan. 1 – will be the same.
- **Network** – more than 62,000 pharmacies are included in the national network – comparable to the existing network. There should be little, if any, disruption to members. We will let members know how to select an in-network pharmacy if their current pharmacy is out of network.
- **Open refills** – BlueCross will work with Express Scripts to transfer mail order prescriptions.
- **Prior Authorizations** – will be transferred to Express Scripts and require no action from members or providers. The prior authorization phone number will remain the same.
- **Claims History** – two years of pharmacy claims will be provided to Express Scripts for seamless utilization review.

Our Provider Service and Customer Service phone numbers will remain the same.

Postpartum depression screening

New mothers are often so focused on their newborn they don’t pay attention to themselves. When newborns come in for their first pediatric visit, please consider giving the mother the Edinburgh Postnatal Depression Scale. Positive results may be referred to their provider for follow up and treatment.

The Edinburgh Postnatal Depression Scale screening tool, scoring instructions, a sample signature page for new mothers and a sample letter to the patient’s doctor(s) regarding screening results may be found at <http://www.tnmap.org/DevBehScreening/screeningtools.htm>.

Reminder: Use of bevacizumab (Avastin) for treatment of eye disorders

Providers are reminded that prior authorization for bevacizumab (Avastin) is not required for use in treatment of eye disorders; however, prior authorization is required for bevacizumab (Avastin) in the treatment of neoplastic conditions/diseases.

For additional information, please refer to the BlueCross BlueShield of Tennessee Medical Policy Manual available on the company website at <http://www.bcbst.com/mpmanual/Bevacizumab.htm>.

Need CME, CEU, or CCM credits?

BlueCross BlueShield of Tennessee is offering Quality Interactions®, a program designed to help physicians, nurses, and office staff enhance interactions with people from diverse backgrounds. The training uses a case-based format supported by evidence-based medicine, and peer-reviewed literature. It is accredited for up to 2.5 hours of CME, CEU, or CCM credits.

There is no cost to BCBST/VSHIP providers. There are a limited number of licenses available for these courses, so please register quickly to take advantage of this valuable learning opportunity. The registration deadline is Dec. 31, 2012.

To register, go to the Provider page on the company website, www.bcbst.com and click on the Quality Interactions® Cross Cultural Training link which will give you instructions for registering for the training. The BlueCross organizational code is 88700.

This is a great way to get valuable professional credits, for no cost, and gain useful knowledge to work with the culturally diverse population of Tennessee.

*These changes will be included in the appropriate 4Q 2012 provider administration manual update. Until then, please use this communication to update your provider administration manual.

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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. The referral line is a Tennessee-based resource staffed by people who are familiar with local resources, and who can arrange for care that will save you or your office staff valuable time.

- **Telephone consultation services** provided by Behavioral Health Peer Advisors who are Board Certified Psychiatrists are available to discuss all aspects of mental health and substance abuse treatment including medications by calling 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 a behavioral health diagnosis should reflect efforts that support coordination of medical and behavioral health, which may include written correspondence to and/or from behavioral health providers, or inquiries regarding such services, and referrals if appropriate.

### Reminder: Case management and disease management programs available

Case management services are available to members having complex chronic conditions, a major trauma or complicated care needs in which extensive interaction is necessary to connect with all parties involved in the member’s healing process.

Members enrolled in a case management program are assigned a Volunteer State Health Plan (VSHP) Case Manager (registered nurse) to coordinate their complex needs.

Disease management services are available to members with diabetes, congestive heart failure, asthma, chronic obstructive pulmonary disease, pregnancy, coronary artery disease, obesity, bipolar disease, major depression and schizophrenia.

Members enrolled in a disease management program are assigned a Volunteer State Health Plan Disease Manager who supports and coaches members in adopting and maintaining healthy habits. When these nurses recognize changes or lifestyle issues that may affect the member’s health, they work with the member and provider to address the issues and coordinate appropriate treatment, services and medications.

Members may self refer to either program by calling the Customer Service number listed on their member ID card. Providers may refer patients to either program by calling one of the following numbers:

- **Case Management** 1-800-225-8698
- **Disease Management** 1-888-416-3025

### Reminder: Individualized Education Plan (IEP)

The Individuals with Disabilities Education Act (IDEA) requires public schools to develop an Individualized Education Plan (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 (VSHP). 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: Mammogram information

Patients who seek mammograms may do so without a physician’s order. However, many facilities require primary care provider information so screening results may be sent for patient follow up as needed, and placement in the patient’s medical records. If a referral is requested, please respond promptly to avoid hindering the patient from receiving a mammogram screening.

Some members may be assigned to a primary care office, but have not yet seen the provider. Please compare any “new” patient information you may receive from a facility by checking your most recent BlueCare/TennCareSelect Member Listing available on BlueAccess.

### Volunteer State Health Plan Payment Error Rate Measurement (PERM) Program

The Centers for Medicare & Medicaid Services (CMS) will be performing an audit of VSHP providers’ medical records as part of the Payment Error Rate Measurement (PERM) program. The PERM program measures improper payments made by Medicaid and the Children’s Health Insurance Program (CHIP).

CMS will review a random sample of payments with original dates of payment from Oct. 1, 2012 through Sept. 30, 2013. Medical record requests for the PERM review will begin in first quarter, 2013.

For more information about PERM, please visit the CMS PERM website at [http://www.cms.gov/PERM](http://www.cms.gov/PERM).
**Durable Medical Equipment (DME) update**

Effective Nov. 1, 2012, VSHP will assume claims administration and utilization management (UM) for its DME Provider network. Providers writing orders for DME products may go directly to participating DME providers and the DME providers will submit authorization requests directly to VSHP UM using the steps below. A list of participating providers may be found in the BlueCross BlueShield of Tennessee Referral Directory located on the BlueSource Provider Information CD.

DME and Orthotics and Prosthetics (O&P) requests for authorization should be faxed to VSHP UM at **1-800-292-5311** using the **DME Request Form** located on the company website, [www.vshptn.com](http://www.vshptn.com).

- All DME and O&P requests from DME and O&P providers require authorization.
- Non-DME providers with DME requests over $500 require authorization.
- Non-O&P providers with O&P requests over $200 require authorization.
- All TENS and CPAPs require authorization.

During the transition, VSHP will honor existing CareCentrix® (CCX) prior authorizations as of Oct. 31, 2012. Until Nov. 1, 2012, please continue to work with CCX as you always have. For rentals, if the rental month starts before Nov. 1, 2012, CCX will process the claim. For supplies and enteral, claims must be split based on date of service. For purchases prior to Nov 1, CCX will process the claim. If purchased on or after Nov. 1, VSHP will process the claim. Please route claims questions to the corresponding company.

VSHP claims may be filed using the normal claims procedures found in the Billing and Reimbursement Section of the **VSHP Provider Administration Manual** which is available on the Provider pages on the company websites, [www.vshptn.com](http://www.vshptn.com) and [www.bcbst.com](http://www.bcbst.com).

*These changes will be included in the appropriate 4Q 2012 provider administration manual update. Until then, please use this communication to update your provider administration manual.*