BlueAlert
provider news flash

of Tennessee
plans for better health. plans for a better life.™

Please Route to all Providers & Office Staff

September **2012**

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 Oct. 13, 2012

- Chromoendoscopy as an Adjunct to Colonoscopy
- Cognitive Rehabilitation
- Diagnosis and Treatment of Sacroiliac Joint Pain
- Temporary Prostatic Stent

Effective Nov. 21, 2012

- Cetuximab
- Temozolomide

Note: These effective dates also apply to **BlueCare /TennCare*Select*** 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>

Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society
http://www.annals.org/content/147/7/478

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/content/early/2010/10/21/STR.0b013e3181f7d043.full.pdf>

Guide to Clinical Preventive Services
<http://www.uspreventiveservicestaskforce.org/recommendations.htm>

Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents — Third Edition (2008)
<http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html>
Periodic table
<http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf>

1998: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. The Evidence Report
<http://www.nhlbi.nih.gov/guidelines/obesity/index.htm>

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>

Seventh Report of the Joint National Committee (JNC) on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure
<http://www.nhlbi.nih.gov/guidelines/hypertension/jnc7full.pdf>
Use in correlation with:
JNC 7 Express
<http://www.surhta.com/PDF/JNC%207/JNC7Express.pdf>

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/j.jacc.2008.11.013>

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.

ADMINISTRATIVE

Correction: Changes in coding for well-woman exams

In the July issue we advised the correct codes for well-woman exams were:

S0610, S0612
99385 – 99387
99395 – 99397
G0438, G0439

BlueCross BlueShield of Tennessee, Inc. (BCBST)

(Applies to all lines of business unless stated otherwise)

ADMINISTRATIVE (Cont'd)

Correction: Changes in coding for well-woman exams (Cont'd)

The "S" codes, S0610 & S0612 are considered "information only" codes and do not have a fee associated with them and may be filed with one of the other listed codes. We apologize for any inconvenience this may have caused.

Reminder: 2012-2013 Reimbursement for FluMist® and Fluzone® Intradermal Influenza Vaccine

Flu season can begin as early as October and as late as May. However, in Tennessee, flu activity is typically worse in February and March. Providers are reminded not all Blues health care plans cover influenza immunizations. Benefits can be verified by calling the appropriate BlueCross BlueShield of Tennessee or BlueCard Provider Service line†.

Each year the formulation of the "seasonal flu vaccine" is determined based on information from the World Health Organization (WHO) and the Centers for Disease Control (CDC). This vaccine contains different "strains" of flu expected to be active for that year. In order to allow providers to prepare for the upcoming 2012-2013 flu season, the following influenza immunization guidelines for BlueCross BlueShield of Tennessee apply with dates of service of beginning August 01, 2012:

Commercial

- ***Vaccine and administration***
  Covered if offered under the member's health care plan

- ***FluMist® nasal spray (recommended for healthy individuals ages 2-49)***
  Covered if offered under the member's health care plan

- ***Fluzone® Intradermal, Influenza Virus Vaccine*** (recommended for persons 18 through 64 years of age)
  Covered if offered under the member's health care plan

BlueCare or TennCare*Select*

- ***Vaccine and administration***
  Covered

- ***FluMist® nasal spray*** (recommended for healthy individuals ages 2 to 49)
  Covered

  Note: In the August 2012 BlueAlert *FluMist®* was noted as being available under the Vaccines for Children (VFC) Program for children ages 5 through 18 years. The correct age range of children that may receive *FluMist®* through the VFC Program is 2 through 18 years. We apologize for any confusion this may have caused.

- ***Fluzone® Intradermal, Influenza Virus Vaccine*** (recommended for persons 18 through 64 years of age)
  Covered

Note: Providers who normally receive influenza vaccine through the Vaccine for Children (VFC) program may use their purchased supply and submit claims using a Modifier 32 to receive fee for service reimbursement only when the VFC supply is depleted or delayed.

Reminder: New claim filing procedures for independent clinical laboratory (Lab), DME, and specialty pharmacy providers

Effective Oct. 14, 2012, all Blue Plans will implement new claim filing procedures for ancillary providers. **Due to these changes, it is very important that ALL providers understand the impact of this change**.

File the claim accordingly for the ancillary provider as follows:

- Independent Clinical Laboratory (Lab) - The Plan in whose state♦ the specimen was drawn.

- Durable/Home Medical Equipment and Supplies (DME) - The Plan in whose state♦ the equipment was shipped to or purchased at a retail store.

- Specialty Pharmacy - The Plan in whose state♦ the ordering physician is located.

♦ If you contract with more than one Plan in a state for the same product type (i.e., PPO or Traditional), you may file the claim with either Plan.

Providers that utilize vendors to provide services (example: sending blood specimen for special analysis that cannot be done by the lab where the specimen was drawn) should utilize in-network participating ancillary providers to reduce the possibly of additional member liability for covered benefits. A list of in-network participating providers may be obtained by contacting your Provider Network Manager.

Claims must include the referring physician or will be rejected. For more information visit our website at www.bcbst.com/providers/news/ or contact us at 1-800-705-0391.

Pharmacy medication review request fax form

To provide more efficient and accurate management of commercial and Cover Tennessee pharmacy medication reviews, the **Pharmacy Medication Review Request Fax Cover Form** must accompany these requests. The form is available on the provider page of our company website at <http://www.bcbst.com/pharmacy/provider/forms/> and http://www.bcbst.com/providers/forms/.

This fax form is a cover sheet only and is to be used for appeal requests for authorization denials or review requests for coverage of an excluded pharmacy product. Pertinent medical information that supports the pharmacy-related request is still required to be submitted with the fax cover form.

*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.

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

BlueCross BlueShield of Tennessee, Inc. (BCBST)

(Applies to all lines of business unless stated otherwise)

ADMINISTRATIVE (Cont'd)

Reminder: Provider Contracting/Credentialing requirements

Providers are reminded that participation in BlueCross BlueShield of Tennessee/Volunteer State Health Plan (BCBST/VSHP) Provider Networks requires satisfaction of applicable network participation and credentialing requirements. Credentialing of providers is performed by BlueCross BlueShield of Tennessee, Inc. Credentialing Department.

Providers interested in participating in one or more BCBST/VSHP networks should contact their local Provider Network Manager or call the BlueCross BlueShield of Tennessee Provider Service line†.

BlueCare/TennCare*Select*

CLINICAL

Smoking cessation support for pregnant women

TennCare and the Volunteer State Health Plan have joined together to tackle the issue of smoking among pregnant women in Tennessee, and we need your help. As a health care provider, you are in the best position to assist us in this endeavor. It could be as easy as asking two key questions: "Do you smoke?" and "Would you like to quit?"

Did you know that if a pregnant woman answers yes to those key questions, you can refer them the very same day for counseling through the "Tennessee Tobacco QuitLine's fax referral" service? All that is required is for the provider and patient to complete the "TN Tobacco QuitLine Fax Referral Service Enrollment Form" that is found online at http://health.state.tn.us/tobaccoquitline.htm , then fax the completed referral form to 1-800-646-1103.

Many patients may not be aware of the consequences of smoking while pregnant. They may not know their baby may be at a greater risk for ear infections, asthma, bronchitis, sinus infections, colds and even learning disabilities if they continue to smoke. So, they may just need someone to point out these risks to them.

They may also be unaware of the resources available to them. For instance, did you know the Tennessee Tobacco QuitLine is a FREE program that will work with expecting mothers? The QuitLine will send you a status report of your enrolled patients to keep you informed of their progress.

The toll free number to the Tennessee Tobacco QuitLine is 1-800-QUIT-NOW (1-800-784-8669) or visit their website at http://health.state.tn.us/tobaccoquitline.htm.

BlueCare/TennCare*Select*

ADMINISTRATIVE

Cultural disparities information

BlueCross BlueShield of Tennessee conducted an analysis of top conditions by race/ethnicity using episode treatment groupings for commercial and TennCare members who had claims in 2011. Additional, BlueCross examined compliance with evidence-based guideline measures to determine if compliance varied by race. The results are in and there are some significant differences in the health of some racial/ethnic groups. Please look at these results and keep them in mind as you treat your patients.

Asians

- Asian commercial members had lower prevalence for every top condition when compared to all other racial/ethnic groups.
- The prevalence of gynecological cancers for Asian TennCare members almost doubles that of other racial/ethnic groups.

African Americans

- African American commercial members had significantly higher rates of hypertension and diabetes compared to other racial/ethnic groups.
- African American TennCare members had significantly higher rates of STDs compared to other racial/ethnic groups.

Hispanics

- Hispanic commercial members had low compliance with most preventive measures in every gap measure group.
- Hispanic commercial members had higher rates of obesity compared to the other racial/ethnic groups.

American Indian/Alaskan Native

- AI/AN TennCare members had significantly higher prevalence of diabetes and gynecological cancers compared to the other racial/ethnic groups.

White

- White TennCare members had a significantly higher prevalence of hypertension and endocrine gland diseases compared to other racial/ethnic groups.

Home health services request change *

Effective Oct. 1, 2012, **all** home health services requests must be submitted via fax to **1-865-588-4663.** All other previously listed fax lines utilized for home health requests will be terminated at that time. Requests for services includes physical therapy, occupational therapy, skilled and non-skilled home health, private duty nursing care and missed shifts as well as procedures and services with HCPCS codes S, G and T.

Notification requirement change for outpatient physical therapy *

Effective Sept. 1, 2012, **BlueCare** and **TennCare*Select*** will require notification for only the initial six (6) outpatient physical therapy visits for members age 21 and older. Notification must include demographic and clinical information, and indicate who will be performing the services. This information is necessary for accurate claims processing and payment.

*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.

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

BlueCare/TennCare*Select*

ADMINISTRATIVE (Cont'd)

Notification requirement change for outpatient physical therapy * (Cont'd)

All notification services are screened for non-covered, out-of-network, abortion, sterilization, hysterectomy, and investigational procedures. Requests for notification are not subject to prospective medical necessity review, but may be subject to retrospective review based on medical policy and medical necessity. **All** services provided by **out-of-network** providers require prior authorization.

Notify us of the initial six outpatient physical therapy visits by faxing the required information to:

East Region: 1-800-292-5311
West Region: 1-800-919-9213
SelectCommunity: 1-888-255-9175

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 (MC0), 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.

*****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.

†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
TennCare*Select* 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: Select Option 2 at **423-535-5717**
e-mail: 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)

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