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 policies listed below can be accessed at http://www.bcbst.com/providers/mpm.shtml under the “Upcoming Medical Policies” link.

**Effective May 11, 2013**

- Cognitive Rehabilitation
- Proteomics-based Testing for the Evaluation of Ovarian (Adnexal) Masses
- Asparaginase Erwinia chrysanthemi
- Leuprolide Acetate
- Optical Diagnostic Devices for the Evaluation of Skin Lesions (formerly Digital Epiluminescence)
- Axial Lumbosacral Interbody Fusion

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

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

Effective April 1, 2013, the following drugs have been added to our Specialty Pharmacy drug list. Those requiring prior authorization are identified by (PA).

- Provider-administered via medical benefit:
  - Kadcyla (PA)
  - Skyla

- Self-administered via pharmacy benefit:
  - Cometriq
  - Cystaran
  - Gattex (PA)
  - Iclusig (PA)
  - Juxtapid (PA)
  - Kynamro (PA)
  - Pomalyst (PA)
  - Ravicti
  - Signifor (PA)
  - Stivarga (PA)
  - Synribo (PA)
  - Xeljanz (PA)

Providers can obtain PA for:

- Provider-administered drugs that have a valid HCPCS code by logging onto BlueAccess, the secure area of bcbst.com, select Service Center from the main menu, followed by Authorization/Advance Determination Submission. If you are not registered with BlueAccess or need assistance using bcbst.com call eBusiness Solutions.
- Provider-administered specialty drugs that do not have a valid HCPCS code by calling 1-800-924-7141.
- Self-administered specialty drugs by calling Express Scripts at 1-877-916-2271.

**Modified Utilization Management Guideline updates/changes**


**Effective May 3, 2013**

**Archived BCBST Modifications** – BCBST modifications will be archived in favor of the Milliman Care Guidelines.

**ADMINISTRATIVE**

**Reminder: Electronic Funds Transfer (EFT) requirement**

Effective April 1, 2013, all network providers are required to receive their payments from BlueCross BlueShield of Tennessee electronically via EFT. If you are not currently enrolled in EFT, please sign up today to become compliant with the terms of the Minimum Practitioner Network Participation Criteria outlined in the provider administration manuals. The EFT enrollment form and additional information is available on the company website at http://www.bcbst.com/providers/ecomm/. For questions contact eBusiness Technical Support via email at ebusiness_support@bcbst.com or by calling (423) 535-5717, Monday through Thursday from 8 a.m. to 5:15 p.m. (ET) or Friday from 9 a.m. to 5:15 p.m. (ET).

BlueCross will also be encouraging the use of electronic claims submission over the next few months. For additional information on how to use this service to streamline your administrative process, contact eBusiness Technical Support at the phone number or Web Page listed above.

**Provider Inquiry Resources**

**Claim Status Tools**

For your convenience, many online tools are available in BlueAccess to assist with daily administrative tasks, such as verifying current claims status at BCBST.

BCBST has two tools available online to verify current claim status. All BCBST member claims may be verified through the Service Center application on the BlueAccess Provider Main Menu screen. Simply click on the Claim Center button on the main menu to verify claims status.
BlueCross BlueShield of Tennessee, Inc. (BCBST)

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**ADMINISTRATIVE (Cont’d)**

Provider Inquiry Resources

**Claim Status Tools (Cont’d)**

the left navigation bar to begin your claim search. If you would like to verify the status of a BlueCard or FEP claim, simply click on the BlueCard/FEP application link on the Provider Main Menu, and then select the claim status link.

Additional information about tools available in BlueAccess is available on the company website at <https://www.bcbs.com/secure/providers/index.shtml>. Provider service units are also available to assist you; please reference their contact information at the end of this newsletter for specific service line information.

If you encounter a complex issue that cannot be resolved through the website or Provider Service units, your Network Manager remains available to assist you. If your inquiry is still not resolved to your satisfaction through these resources, then continue by following our Provider Dispute Resolution Procedure as shown in the provider administration manuals.

If you need technical support or training for BlueAccess or any of BCBST’s online provider tools, please contact eBusiness Technical Support.

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**Behavioral Health Toolkit**

Americans seek support from their primary care physicians every day. Around 74 percent of those who seek treatment for mental health needs go to their primary care physician. It is estimated that a diagnosis of depression is missed by primary care physicians 50 percent of the time. It is therefore essential that their primary care providers are equipped with the tools to better assess behavioral health needs. In response to this need, BlueCross has developed a Behavioral Health Toolkit.

The toolkit is available on the Provider Page of our company websites www.vshptn.com and www.bcbs.com under Behavioral Health Toolkit and is composed of various educational pieces. The toolkit does not target a specific age group, but rather geared toward family doctors who treat children, adolescents, and adults. The toolkit provides screenings and tip sheets for suicide risk, depression, ADHD, bipolar disorder, anxiety, and substance abuse. Also included are resources to assist primary care providers in designing a behavioral health screening program for their office.

BlueCross BlueShield of Tennessee and Volunteer State Health Plan are aware of the many benefits that will follow the distribution of the Behavioral Health Toolkit. As primary care providers are able to increase their knowledge of behavioral health through the toolkit they will become aware of the support available through BCBST and VSHP. The end goal is to form a partnership between community providers and BCBST/VSHP that will allow the best possible care for all members.

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**April Quality Initiative: Coronary artery disease (CAD) and diabetes**

During the month of April, your commercial and Medicare Advantage patients will be receiving phone calls regarding coronary artery disease, diabetes, and the importance of following their treatment plans and taking their medication to help control their conditions.

As you see patients this month, please take a moment to reinforce the importance of their medication adherence. In recent surveys, members reported they listened to their providers and followed their advice when it came to taking their prescriptions if the importance was explained to them.

Thanks for your partnership in improving the health of our members, your patients!

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**Chlamydia screening**

Everyone is great at multi-tasking these days. Here’s another idea for combining tasks. If you have a patient visit scheduled for women age 16-24 and they are having a urine test, please also consider ordering a Chlamydia screening. Urine tests are much less cumbersome than having to do a smear at the PAP test for Chlamydia screening. Please don’t miss the opportunity when a patient comes into the office. This is an easy way to combine efforts to improve the health of your patients.

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**Billing for home prothrombin time (INR) monitors and strips**

Based on recent feedback from the DME provider community, there seems to be some confusion regarding the coding for prothrombin time (INR) monitors and the management of anticoagulation therapy. G0248 and G0249 are professional codes used for anticoagulant management by professional (i.e. physician) providers. INR monitors being rented or purchased from a DME provider should be billed using E1399 with appropriate modifiers and supplemental information included (brand name, model number, manufacturer item number). The strips for the monitor should be billed using A9900 or A9999 with the appropriate supplemental information included.

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**Reminder: Prosthetics and orthotics subject to prior authorization for commercial plans**

Prior authorization is required for fully insured arrangements and some self-funded arrangements for DME purchase, rental, or repairs greater than $500 (this includes prosthetics and orthotics). Prior authorization requests may be faxed to 1-866-558-0789 or by calling the BCBST Provider Service line.

Information that must be submitted with the claim and/or prior authorization request can be found in the BlueCross BlueShield of Tennessee Provider Administration Manual at www.bcbs.com.

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**Quality interactions training**

The Quality Interactions culture competence training is no longer available for CEU credits. Please look for notices of future opportunities for training opportunities in health literacy, culture and linguistic competence.

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**Minority health month observed**

April is Minority Health Month! There are great resources for providers on the Center for Disease Control website at [http://www.cdc.gov/minorityhealth/MHMonth.html](http://www.cdc.gov/minorityhealth/MHMonth.html).

**Quality initiative: Asthma**

Members will be soon be receiving information to understand and manage their asthma. Please reinforce the importance of compliance with your patient’s asthma treatment plan. You may also want to refer patients to the CareSmart® Asthma Program. All BlueCare/TennCareSelect and CoverKids members with a diagnosis of asthma are eligible to participate in the program and are automatically enrolled in the program; however, participation is voluntary.

You can also enroll BlueCare/TennCareSelect and CoverKids members in the CareSmart Asthma Program as soon as asthma is diagnosed. Enroll members in the program by calling 1-888-416-3025 for BlueCare/TennCareSelect or 1-888-325-8386 for CoverKids.


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**Implants and medical devices**

BCBST has revised its definition of the terms ‘Surgical Implant’ and ‘Medical Device.’ The new definitions listed below will be effective May 1, 2013.

**Surgical Implant** – A biological or non-biological material that is surgically placed within an individual for the purpose of permanently replacing a missing, diseased, damaged or non-functional biological structure, or for the purpose of supporting an existing biological structure. The determination of whether the material provides support shall be in the sole discretion of BCBST. Examples of biological materials include tendon and bone implants. The following examples are not considered to be surgical implants and include, but are not limited to: IV infusion equipment, intramuscular injection devices of any type, sutures, screws, implantable or patch drugs of any type.

Note: This definition is not applicable to organ/bone marrow transplants.

**Medical Device** – A non-biological object or mechanism made for the purpose of cure, mitigation, treatment or prevention of a disease or pathological condition. The determination of whether there has been improvement shall be in the sole discretion of BCBST.

Note: This definition is not applicable to organ/bone transplants.

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**Submitting supplemental information for medications**

In accordance with the National Uniform Claim Committee (NUCC) guidelines published on their website at [http://www.nucc.org/](http://www.nucc.org/) for version 8.0 of the CMS-1500 claim form and BCBST billing guidelines, submission of NDC#, drug name, dose, and quantity, supplemental information for medications should be completed in the following order: NDC qualifier, NDC code, one (1) space, unit/basis of measurement qualifier, quantity, three (3) spaces, narrative description qualifier, and drug name.

Specific submission instructions and descriptions of the various qualifiers can be found in both BCBST and VSHP provider administration manuals under heading of Completing CMS-1500 Claim Form. BLOCK 24 – SUPPLEMENTAL INFORMATION.

The quantity should indicate the total dosage of a drug administered for the date of service billed on the line item.

Block 19 - Reserved for Local Use, section of the CMS-1500 or its electronic equivalent may be utilized to report additional NDCs when more than one size packaging of the same drug is utilized for the total dosage administered.

**Cardiac and angioplasty billing changes**

**Effective May 1, 2013,** due to significant HCPCS/CPT® code set changes where single codes were deleted and replaced with multiple codes, BCBST will only allow reimbursement for one cardiac ablation case rate per day, one cardiac catheterization case rate per day, and one angioplasty case rate per day. No adjustments will be made to previously processed claims.

**Note:** This does not apply to BlueCare/TennCareSelect or Medicare Advantage.

**BlueCare/TennCareSelect**

**ADMINISTRATIVE**

**Did You Know?**

Crisis Stabilization Units are located strategically in each Grand Region of the state and can be utilized when criteria are met to divert from inpatient psychiatric care. This level of care is available to members within four (4) hours of referral. More information is available in the VSHP Provider Administration Manual.

**New claims editing system**

**Effective May 1, 2013,** VSHP will begin using a new claims editing system, iCES, for both professional and facility claims. iCES utilizes industry rules, as well as federal regulations and policies governing health care claims. You may see some slight differences in how claims are processed as a result of our change to iCES.

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Neonatal Intensive Care Unit (NICU) management services update

Effective April 1, 2013, VSHP discontinued referring newborns or readmission cases to Alere® Women’s and Children’s Health L.L.C. VSHP has developed a more extensive Population Health Management Maternal and Newborn Health Program which brought NICU management services in house. VSHP and Alere have worked closely together to ensure a smooth transition for current neonatal cases.

Reminder: TennCare member appeal poster must be displayed

The Bureau of TennCare requires the Member Appeal Poster be displayed in a visible location within provider offices in the event the member has a grievance with the managed care organization or the provider. The poster is available on the company websites at <http://www.bcbst.com/providers/forms/Member_Appeal_Poster.pdf> or <http://www.vshptn.com/providers/Member_Appeal_Poster.pdf>. Please be sure to display this poster in your office for BlueCare and TennCareSelect members.

DME update

Effective May 1, 2013, prior authorization is no longer required from network providers for incontinence supplies; nebulizers and nebulizer supplies; ankle, knee or foot orthotics. Out of network providers always require prior authorization.

Note: This is subject to eligibility and benefits at the time services are rendered.

Reminder: Screening colonoscopy provides richer benefits compared to diagnostic colonoscopy for Medicare Advantage members

With the emphasis on prevention and screening, the member has no cost share for screening colonoscopy services when rendered by an in-network provider. However, a common member complaint is that when presenting for a screening colonoscopy they expected to owe nothing, and they received a copayment charge for a diagnostic colonoscopy.

In 2010, code mapping was expanded for screening colonoscopies so that members obtaining colonoscopy procedures intended to be screenings will receive benefits for screenings.

For a description of codes that point to screening colonoscopy procedures see the Provider page on the company website at www.bcbst.com.

Health assessments for Medicare Advantage members

As part of the recent Health Care Reform legislation, quality measures are being used to evaluate health plans. These quality measures are based largely on published care guidelines, such as those in the Healthcare Effectiveness Data and Information Set (HEDIS) and National Committee for Quality Assurance (NCQA) standards.

To satisfy these requirements, BlueCross BlueShield of Tennessee is arranging voluntary, in-home, in-depth health risk assessments conducted by clinicians trained in CMS Medicare Advantage regulations for a portion of its Medicare Advantage membership. BlueCross has partnered with two entities to administer these assessments. The assessments are intended to collect data only. No care will be provided and the assessment will not interfere with the care you provide. In fact, a key aspect of the program is the encouragement of routine appointments with the member’s primary care physician for wellness and maintenance visits.

Contact our Provider Service line† with any questions regarding this program.

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**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

**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

**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)

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