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 Mar. 14, 2013

- Electrical Stimulation for the Treatment of Arthritis
- Magnetoencephalography and Magnetic Source Imaging of the Brain
- Photodynamic Therapy for Choroidal Neovascularization
- Treatment of Hyperhidrosis
- Urinary Tumor Markers for Bladder Cancer

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

ADMINISTRATIVE

Electronic funds transfer (EFT)

In recent months BlueCross notified providers of its intent to transition to EFT, a free service that sends payments directly to your financial institution and increases the speed at which you receive payment.

Effective April 1, 2013, all network providers will be required to receive payments electronically. If your facility or practice is not currently enrolled in EFT, we encourage you to do so today. Signing up is easy. Complete the EFT enrollment form, available on the company website at http://www.bcbst.com/providers/forms/EFT_Enrollment.pdf, and fax the completed form along with a voided check to (423) 535-3066 or (423) 535-7523, or mail to:

BlueCross BlueShield of Tennessee
ATTN: Provider Information Dept. CH 2.4
1 Cameron Hill Circle
Chattanooga, TN. 37402

More information on EFT is available at http://www.bcbst.com/providers/ecomm/, or by contacting eBusiness Technical Support†.

BlueCross announces ICD-10 dedicated webpage

BlueCross BlueShield of Tennessee has made it easier for you to find ICD-10 information on the Provider page of our website, http://www.bcbst.com/providers/icd-10.shtml. Click on ICD-10 and you can find FAQs, BCBST status, training resources and other useful information that can assist your progress in becoming ICD-10 compliant.

ICD-10 will replace ICD-9 and requires business and system changes throughout the health care industry effective Oct. 1, 2014. ICD-10 will affect diagnosis and inpatient procedure coding for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA).

BlueAccess security enhancements

When logging on to BlueAccess, users may be asked to enter an e-mail address and answer new security questions. These steps are part of upcoming security enhancements to BlueAccess to further prevent unauthorized access to PHI.

Additionally, users should be aware that BlueAccess accounts will now disable after 90 days of inactivity. For more information on BlueAccess registration, contact eBusiness Technical Support†.

Be proactive - discuss ICD-10 readiness with vendors

Talking to your practice management system (PMS) and clearinghouse vendors can help ensure ICD-10 compliance by Oct. 1, 2014. A proactive approach allows a better understanding of their plans for readiness. This will help you determine if their plans align with yours or provide you time to implement alternative solutions (i.e., source a new vendor).

If you do not use a vendor and feel you will not be ready to submit ICD-10 coded claims by Oct. 1, 2014, consider working with a clearinghouse to assist in transitioning your claims from ICD-9 to ICD-10. Utilizing a clearinghouse to submit your claims will help ensure you are compliant by Oct. 1, 2014.

Each HIPAA-covered entity is responsible for becoming compliant by the mandated date. Non-compliance will result in rejected claims or delayed payments and possible fines from the government.

If you have questions or concerns about ICD-10 readiness, please contact eBusiness Technical Support†.

Reminder: Accessing Physician Quality Reporting Program

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

To access your quality 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/secure/providers/.

You must “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 ebusiness_support@bcbst.com.
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ADMINISTRATIVE (Cont’d)

Reminder – Accessing Physician Quality Reporting Program (Cont’d)

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, TennCare Select, FEP or Cover Tennessee plans.

BlueAccess improved user experience

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 on BlueAccess.

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†.

BCBST employee group moves processing of routine vision claims to EyeMed

Although member benefits have not changed, effective Jan. 1, 2013, vision claims for BlueCross employees are now processed through EyeMed Vision Care. If you are already an EyeMed participating provider, file claims for the BCBST employee group directly to EyeMed.

If you are not currently an EyeMed contracted provider, you can continue to receive the same reimbursement, by either submitting an out-of-network claim form to EyeMed on behalf of the member or by collecting for services from the member and have the member submit the claim to EyeMed for reimbursement. The out-of-network claim form is available on the company website at <http://www.bcbst.com/members/claim/Form++8.2008.pdf>.

Contact EyeMed at 1-888-581-3648 for information on becoming a contracted provider.

BlueCross employees with vision benefits through EyeMed can be identified by group number 109844 on the new member ID card.

Benefits for non-routine vision services due to illness or injury are covered under the member’s medical plan and therefore should be submitted to BlueCross.

Note: This change affects the BCBST employee commercial group plan only.

Changes to musculoskeletal program prior authorization

Effective Feb. 1, 2013, the CT or MRI associated with the following joint arthrogram procedures (23350, 27093, 27095, 27370, G0259 and G0260) will also be authorized through the BCBST Musculoskeletal Program (administered by Triad Healthcare).

Prior authorization requests can be submitted via fax to 1-800-520-8045 or BlueAccess, BCBST’s secure area on its website, www.bcbst.com (When submitted via web, the MSK/Triad code must be the primary code).

Additionally, effective immediately, the following new codes require prior authorization:

- 0309T - Spinal Fusion Surgery
- 22586 - Spinal Fusion Surgery
- 23473 - Shoulder Replacement - Revision/Foreign Body Removal (Arthroplasty)
- 23474 - Shoulder Replacement-Revision/Foreign body removal (Arthroplasty)

Note: Prior authorization is not required for outpatient procedures for TRH members.

2013 HEDIS® medical record review project to begin

Each year BlueCross BlueShield of Tennessee and Volunteer State Health Plan, Inc. are required to report Healthcare Effectiveness Data and Information Set (HEDIS®) measures to maintain National Committee for Quality Assurance (NCQA) accreditation. This is a requirement stated in the Contactor Risk Agreement with the Bureau of TennCare and is also needed to meet Centers for Medicare and Medicaid Services (CMS) reporting requirements. Data is collected for Medicaid, Medicare Advantage, Commercial and CoverKids products.

We will be seeking records related to prevention and screening, diabetes care, cardiovascular care, access and availability and utilization measures.

Your cooperation is greatly appreciated and important to the success of the outcome. A BCBST and/or VSHP representative will work directly with your office to arrange the most appropriate method for obtaining medical record information to comply with HEDIS® 2013 requirements. This may include scheduling on an onsite review in your office, arranging to receive records via fax or FedEx, or facilitating an electronic transfer of medical records. Due to requirements to perform oversight audits of our medical record abstraction methodology, staff will need to scan pertinent elements of member charts to support abstraction results.

If you use a copy service, please notify them of the need to respond promptly to record requests.

As allowed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Covered Entities (such as practitioners and their practices) are not required to obtain patient authorization to disclose protected health information (PHI) to another Covered Entity (such as BCBST and VSHP), as long as both parties have a relationship with the patient and the PHI pertains to that relationship for the purposes of treatment, payment, and health care operations (TPO). Additionally, all nurses reviewing charts on behalf of BCBST and VSHP have signed a HIPAA-compliant confidentiality agreement.

*These changes will be included in the appropriate 1Q 2013 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
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ADMINISTRATIVE (Cont’d)

Reminder: Be aware of member rights and responsibilities

As a BlueCross BlueShield of Tennessee network provider, you should know what our members are being told to expect from you and what you have the right to expect from those members. To comply with regulatory and accrediting requirements, we periodically remind members of their rights and responsibilities. These reminders are intended to make it easier for members to access quality medical care and to attain services.

Member rights and responsibilities are outlined in both the BlueCross BlueShield of Tennessee and Volunteer State Health Plan provider administration manuals, which are available on BlueSource, BlueCross’s quarterly provider information CD and online on our company websites www.bcbs.com and www.vshptn.com.

Reminder: 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/VSHP providers. There are a limited number of licenses available for these courses, so please register quickly to take advantage of this valuable learning opportunity.

To register, go to the Provider page on the company website, www.bcbs.com and click on the “Quality Interactions® Cross Cultural Training” link. It will give you the instructions for registering for the class. The BCBST organizational code is 88700. This is a great way to get valuable professional credits, at no cost, and gain useful knowledge to work with the culturally diverse population of Tennessee.

Human Papillomavirus (HPV) immunizations encouraged

The Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics encourage vaccinations to prevent the human papillomavirus types which have been found to cause most cervical cancers.

HPV vaccinations may be given starting at age 9 and is recommended for 9 to 13 year old girls and boys, or girls and women age 13 to 26 or boys age 13 to 21 who have not been vaccinated or did not complete the series of vaccinations (three shots administered over a six-month period).

Two HPV vaccines are licensed by the Food and Drug Administration (FDA), Cervarix and Gardasil. Cervarix prevents HPV types 16 and 18 which cause 70% of cervical cancers. Gardasil prevents HPV types 16, 18 also, and 6 and 11, which cause 90% of genital warts. Gardasil is the only vaccine licensed for use in males.

The Vaccines for Children (VFC) program will provide vaccines at no cost to providers who serve eligible children such as Medicaid recipients.

HPV vaccines should NOT be given to patients who have a history of immediate hypersensitivity to any vaccine components. Gardasil is contraindicated for persons with a history of hypersensitivity to yeast. Cervarix in prefilled syringes is contraindicated for persons with anaphylactic latex allergy. Patients with moderate or severe acute illnesses should not receive a vaccination until the illness improves. Additionally, pregnant women should not receive the vaccinations.

Providers are reminded not all Blues health care plans cover these immunizations. Benefits can be verified by calling the appropriate BlueCross BlueShield of Tennessee or BlueCard Provider Service line†.

Additional information may be found at <http://www.cdc.gov/std/hpv/STDFact-HPV-vaccine-hep.htm>.

Quality Focus: Heart Month

In February, most people’s thoughts turn to hearts…as in Valentines. This month, you can help us shift that focus toward having a healthy heart. Members will be receiving information in February about controlling high blood pressure, continuing on antihypertensive medications (ACE and ARBs) if prescribed, and managing their cholesterol.

Please help reinforce these messages by talking with your patients about the importance of a healthy heart and the impact dietary or lifestyle changes can make for them. Adding a daily walk may help reduce stress and lower their blood pressure. Patients with diagnosed cardiovascular conditions may not realize the importance of watching their cholesterol or be aware of the role their medicines play in their heart health.

Patients may be more likely to respond to suggestions from their physician so your assistance with these awareness efforts is appreciated.

BlueCare/TennCareSelect

ADMINISTRATIVE

Enhanced rates for eligible primary care providers

Effective January 2013, under the Affordable Care Act, Medicaid primary care providers practicing in family medicine, general internal medicine, pediatric medicine and related subspecialists who meet requirements will be paid at Medicare reimbursement levels.

To be eligible for the enhanced rates, providers must either be board certified or provide services representing at least 60 percent of the eligible codes (i.e. evaluation and management (E&M) codes and vaccine administration codes). This ruling could also impact the maximum fees for vaccine administration under the Federal Vaccines for Children (VFC) program.

As part of the implementation process, the Centers for Medicare & Medicaid Services (CMS) will be approving Plan Amendments submitted by each state.

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Enhanced rates for eligible primary care providers (Cont’d)

Once notified of approval by CMS, VSHP will reimburse qualifying providers for services retroactive to Jan. 1, 2013. You will soon be notified, if you are eligible for the enhanced rates. Providers will not need to resubmit claims.

A list of frequently asked questions (FAQs) is available on the Provider page of company websites www.bcbs.com and www.vshptn.com. Additional information may be found at <http://www.cms.gov/apps/media/factsheet.asp>. 

Reminder: Timely filing for corrected bills

Corrected bills must be submitted within 120 days of the date of the VSHP remittance. Corrections to a claim should only be submitted if the original claim information was wrong or incomplete. For more information on filing Corrected Bills, see the VSHP Provider Administration Manual located on company websites www.vshptn.com and www.bcbs.com.

Enroll your patients in the CareSmart® asthma program today

The CareSmart Asthma program is designed to provide members with the tools they need to better understand and manage their asthma. CareSmart is intended to reinforce the physician’s treatment plan for the member and provide clinical updates to the physician as requested. The goals of the program are to:

- increase member knowledge of asthma self-care through education and support;
- reduce number of emergency room visits for asthma-related issues;
- reduce inpatient hospital admissions;
- increase enrollment in the Asthma Health Risk Management Program and compliance in an asthma action plan;
- increase use of appropriate medications for members with asthma.

All BlueCare and TennCareSelect members with a diagnosis of asthma are eligible to participate in the program. These members are automatically enrolled in the program; however, participation is voluntary. You can also enroll BlueCare and TennCareSelect members in the CareSmart Asthma program as soon as asthma is diagnosed by calling 1-888-416-3025.

Plain language initiative

The Bureau of TennCare supports the use of “Plain Language.” Plain Language is part of a national program to encourage health care providers to promote health literacy among their patients by ensuring they understand written and oral health information.

The National Adult Literacy Survey found that 66 percent of adults age 60 and over have inadequate or marginal literacy skills. Many informed consent forms and medication package inserts are written at high school level or higher, while the average Medicaid patient reading level is closer to sixth grade.

In one study, out of 659 hospital patients, those with poor health literacy skills were five times more likely to misinterpret their prescriptions than those who had adequate literacy skills. Most patients will not tell you they do not understand. Using plain language allows your patients to understand their treatment plan, know how to take their prescriptions properly, and to better follow your instructions.

For additional information on Health Literacy, please refer to the Department of Health and Human Services website at <http://www.hrsa.gov/publichealth/healthliteracy/>. 

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