

January 2013

## 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 Feb. 10, 2013

- Hyperbaric Oxygen Pressurization Therapy (HBO2)
- Magnetic Esophageal Ring to Treat Gastroesophageal Reflux Disease (GERD)
- Surgical Deactivation of Migraine Headache Trigger Sites
- Genetic Testing for Rett Syndrome
- Aflibercept

#### Effective Feb. 10, 2013

- Bevacizumab
- Brentuximab

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

#### Clinical Practice Guidelines adopted

BlueCross BlueShield of Tennessee has adopted the following guidelines as recommended best practice references:

(APA) **Treatment of Patients With Panic Disorder, Second Edition** (2009)  
<[http://www.psychiatryonline.com/pracGuide/pracGuideTopic\\_9.aspx](http://www.psychiatryonline.com/pracGuide/pracGuideTopic_9.aspx)>

(NIAAA) **Helping Patients Who Drink Too Much: A Clinician's Guide**, Updated 2005 Edition  
<[http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians\\_guide.htm](http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm)>

(AACAP) **Practice Parameter for the Assessment and Treatment of Children and Adolescents With Attention-Deficit/Hyperactivity Disorder** (2007)  
<[http://www.aacap.org/galleries/PracticeParameters/JAACAP\\_ADHD\\_2007.pdf](http://www.aacap.org/galleries/PracticeParameters/JAACAP_ADHD_2007.pdf)>

(APA) **Treatment of Patients With Major Depressive Disorder, Third Edition** (2010)  
<[http://www.psychiatryonline.com/pracGuide/pracGuideTopic\\_7.aspx](http://www.psychiatryonline.com/pracGuide/pracGuideTopic_7.aspx)>

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.

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

Effective Jan. 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:*  
Jetrexa (PA)

*Self-administered via medical benefit:*  
Cayston (PA)  
Cystaran  
Stivarga (PA)  
Synribo (PA)  
Xeljanz (PA)

The self-administered drugs listed below are currently on our specialty list with no prior authorization required, however, effective **Jan. 1, 2013** these drugs will require prior authorization.

Actimmune (PA)  
Sylatron (PA)  
Tarceva (PA)  
Tobi (PA)

Providers can obtain prior authorization for provider-administered drugs that have a valid HCPCS code by logging onto BlueAccess, the secure area of the company website, [www.bcbst.com](http://www.bcbst.com), and selecting Service Center from the main menu, followed by Authorization/Advance Determination Submission. If you are not registered with BlueAccess or need assistance with our website call eBusiness Solutions at 1-800-924-7141, option 4 or 423-535-5717, option 2.

Providers can obtain prior authorization for provider-administered specialty drugs that do not have a valid HCPCS code by calling 1-800-924-7141.

Providers can obtain prior authorization for self-administered specialty drugs by calling Express Scripts at 1-877-916-2271.

NOTE: BCBST updates the web authorization forms on a quarterly basis. If the HCPCS code is not available now, it may be in the near future.

### ADMINISTRATIVE

#### Reminder: Electronic funds transfer (EFT)

In an effort to help reduce administrative expenses which can in turn help keep premiums affordable for our members, BlueCross BlueShield of Tennessee is implementing initiatives to increase the use of electronic transaction tools that will also make it easier for health care providers to do business with us.

## BlueCross BlueShield of Tennessee, Inc. (BCBST)

(Applies to all lines of business unless stated otherwise)

### ADMINISTRATIVE (Cont'd)

#### Reminder: Electronic funds transfer (EFT) (Cont'd)

The first initiative focuses on increasing participation in Electronic Funds Transfer (EFT). By participating in this process, a provider's payment from us will be deposited directly into the provider's bank account rather than receiving a paper check.

To enroll in EFT, simply complete the EFT enrollment form which is located in the Provider Section of the company website at <[http://www.bcbst.com/providers/forms/EF T\\_Enrollment.pdf](http://www.bcbst.com/providers/forms/EF T_Enrollment.pdf)>. Fax the completed form and a void check to (423) 535-3066 or (423) 535-7523 or mail to:

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

More information on EFT is available on the company website at <<http://www.bcbst.com/providers/ecomme/businessMarketing/EFT%2008497%2003-2008.pdf>> or by contacting eBusiness Technical Support†.

#### Updated contact information needed for HEDIS® medical record requests

BlueCross BlueShield of Tennessee will be faxing a request for updated contact information and medical record submission options to providers who participated in the annual Healthcare Effectiveness Data and Information Set (HEDIS®) medical record collection project in 2012. The 2013 HEDIS project will begin in February.

Please complete the simple form and fax back to the Clinical Audit Department by Jan. 30, 2013, using the toll-free number on

the form. This will help expedite requests for HEDIS medical records in February and should minimize calls to your office.

If you have any questions regarding completion of the form, please contact the Clinical Audit Department at (423) 535-5689

HEDIS® is required to meet National Committee for Quality Assurance (NCQA) accreditation, as well as Bureau of TennCare and The Centers for Medicare & Medicaid Services (CMS) reporting requirements.

#### Reminder: Major change to CPT® codes for behavioral health services

As previously announced, effective Jan. 1, 2013, significant changes were made to CPT® codes for psychiatry and psychotherapy services. **Providers must bill with new CPT® codes on January 1, 2013, or the claim will deny.** All dates of service prior to January 1, 2013, must be submitted with the 2012 code set regardless of when they are billed.

BlueCross BlueShield of Tennessee uses the taxonomy code submitted on your claim when determining the appropriate contracted specialty and recommends you submit your taxonomy code on all claims to ensure accurate reimbursement.

For more information and a list of commonly used psychiatric CPT® codes that will be changing on Jan. 1, 2013, see *The National Council* brochure available on the Provider page of the company website at [www.bcbst.com](http://www.bcbst.com).

You may also contact your provider network manager for any questions regarding billing the new CPT® codes and the use of your Taxonomy number on the claim.

## BlueCare/TennCareSelect

### ADMINISTRATIVE

#### DME update

For dates of service Nov. 1, 2012 and after, VSHP began the authorization process and claims payment for DME, medical supplies as well as orthotics and prosthetics. Thank you for your patience during the first month's transition.

As you know, we are required to maintain a 14-day turnaround on authorization requests. We are working to decrease the 14-day turnaround and there are some things you can do to expedite the processing of these requests:

- All requests must be received by fax using the *Durable Medical Equipment Request Form* located at on the company website at <[http://www.vshptn.com/providers/DME\\_Request\\_Form.pdf](http://www.vshptn.com/providers/DME_Request_Form.pdf)>.
- Completed forms should be faxed to 1-800-292-5311.
- Fax request forms must be **COMPLETE**. When required data elements are missing, our staff must stop the authorization review process and contact you for further information.
- Fax one member request per fax submission. Multiple members listed on a single fax submission requires us to stop the review process and manually separate the requests. This can also create a potential HIPAA risk for BlueCross and ultimately for you.
- Ensure the doctor's order is current. Orders must be within a one-year period.
- Multiple services per member on a single fax request is appropriate.

#### Reminder: Emergency room (ER) physician claims for non-emergency services

Physician claims for non-emergency ER services will be reimbursed not to exceed \$50.00. Only codes 99281-99285 will be reimbursed for these physician services. All other services such as X-rays, labs, medications, etc. will **not** be reimbursed separately.

**BlueCare/TennCareSelect**  
**ADMINISTRATIVE (Cont'd)**

**State mandated VSHP rate reduction notice**

In accordance with the legislation that enacted the 2012 Budget, vaginal delivery reimbursement rates were increased by 17 percent, resulting in cesarean and vaginal deliveries being reimbursed at the same rate. This change was effective July 1, 2011.

The 2013 Budget passed by the Tennessee General Assembly further modified these rates. Retroactive to July 1, 2012, the vaginal delivery and cesarean rates will be reduced by seven (7) percent from the original 17 percent increase. This results in a ten (10) percent increase to the vaginal delivery rates that were paid prior to July 1, 2011, and brings the cesarean delivery rates to a reimbursement equal to the vaginal delivery rates. VSHP will be adjusting claims involving these services.

**Reminder: Filing corrected bills**

Corrected bills are required to be resubmitted **within 120 days of the date of the remittance advice that includes the claim.** For more information on filing corrected bills, see the *VSHP Provider Administration Manual* located on the company websites, [www.vshptn.com](http://www.vshptn.com) and [www.bcbst.com](http://www.bcbst.com).

**Provider tips**

VSHP is seeing a high volume of claims denials due to members' coverage being terminated. Listed below are some tips that will help ensure claims are processed rapidly and accurately:

- Every member presenting to your office should have their insurance information verified BEFORE they receive services. Check *Tennessee Anytime* to verify

eligibility of TennCare benefits. More information about *Tennessee Anytime* is available at <http://www.tn.gov/tenncare/forms/anytimestepbystep.pdf>.

- Have staff ask members if they have any other insurance that may cover the visit such as Medicare, private health insurance, secondary insurance, or automobile insurance (if the visit is related to an auto accident).
- To continue receiving updates on current processes, notify Volunteer State Health Plan when you change office locations.

**BlueAdvantage**  
**ADMINISTRATIVE**

**Quality focus**

BlueCross BlueShield of Tennessee is encouraging members to obtain much needed preventive screenings in a number of ways throughout the year. One way is by placing automated phone calls. Each month, the calls will have a different quality focus. Watch for information in upcoming BlueAlerts.

For more information about preventive services, recommendations and BlueAdvantage quality improvement programs, please visit the company website at <http://www.bcbst.com/providers/BlueAdvantage-PPO/qualityimprovement.shtml> and <http://www.bcbst.com/providers/preventive-services.shtml>

**Quality Focus for January**

**Physical Activity**

BlueCross will focus on improving the percentage of members aged 65 years and older who receive advice from their physician to start, increase or maintain their level of exercise or physical activity. Providers are asked to complete a physical activity assessment on each of their elderly patients and make recommendations for beginning or continuing an exercise program. Gym membership is a free service offered to BlueAdvantage members through

the SilverSneakers program. Encourage your patients to join a SilverSneakers facility today.

**Glaucoma**

January is National Glaucoma Awareness month. As such, BlueCross is working to improve the percentage of members aged 65 and older who receive an annual glaucoma screening. This is a covered benefit ♦ for BlueAdvantage members and important in retaining sight and independence. Please encourage your patients in this age group who did not have a glaucoma screening in 2012 to see an eye care professional for this service.

♦ Co-pay or coinsurance may apply.

**Out of area claims filing tips**

For quick tips on smooth claims filing and payment for out of area BlueAdvantage services, visit the BlueCard page in the Provider section of the company website at [www.bcbst.com](http://www.bcbst.com). Additionally, check the News section at [www.bcbst.com/providers/news/](http://www.bcbst.com/providers/news/) for updated information on other Blues plans whose groups have joined the BlueAdvantage network.

**Reminder: BlueAdvantage PPO update to musculoskeletal program**

Effective Dec. 1, 2012, requests for prior authorization for home health, physical and occupational therapy are being reviewed by Triad HealthCare. Providers should continue to verify prior authorization requirements for all commercial and BlueAdvantage members.

The Musculoskeletal Program includes prior authorization requirements for:

- Pain Management
- Spinal Surgery
- Joint Surgery (Hip, Knee & Shoulder)
- Physical Medicine (MedAdvantage only)
- Home Health, Physical and Occupational Therapy (MedAdvantage only)

## BlueAdvantage

### ADMINISTRATIVE (Cont'd)

#### Reminder: BlueAdvantage PPO update to musculoskeletal program (Cont'd)

Medical records will be required for the **initial** authorization review. Requests for authorization can be submitted by calling 1-800-388-8978, by fax to 1-800-520-8045, or via [www.bcbst.com](http://www.bcbst.com) web authorization through Blue Access.

**Note:** Musculoskeletal codes requiring prior authorization are subject to change.

## CHOICES

### ADMINISTRATIVE

#### CHOICES in-home respite care

CHOICES members in Groups 2 and 3 may be eligible for in-home respite care. This service is provided on a short-term basis **in the member's home** in the absence of or to relieve those who normally provide care for the member. In-home respite may not be used to add more personal care or attendant care services and is limited to 216 hours per calendar year.

Requests for in-home respite can be made by calling the CHOICES Support Center at 1-800-782-2433 and must be approved prior to service being provided. The Support Center will assess the request and need for services.

\*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.

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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**

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)

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