BlueCross BlueShield of Tennessee, Inc. (BCBST)
(Appplies 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:

- (AACAP) Practice Parameter for the Assessment and Treatment of Children and Adolescents With Attention-Deficit/Hyperactivity Disorder (2007)

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:
Jetrea (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, 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.
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/EFT_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


**Reminder: Electronic funds transfer (EFT) (Cont’d)**

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 or by contacting eBusiness Technical Support†.

**BlueCare/TennCareSelect**

**ADMINISTRATIVE (Cont’d)**

**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.vshtpn.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.

*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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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. RSHP 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 and 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/tnnconnect/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**

**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. Additionally, check the News section at 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)

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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 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.

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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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