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

Effective Aug. 10, 2013

- Epidermal Growth Factor Receptor (EGFR) Analysis for Non-Small Cell Lung Cancer (NSCLC)
- Hand and/or Face Transplantation (Composite Tissue Allograft)
- Multi-Analyte Assay with Algorithmic Analyses for Predicting Risk for Type II Diabetes
- Paclitaxel (Protein-Bound)
- Confocal Laser Endomicroscopy
- Intraocular Radiation Therapy for Age-Related Macular Degeneration

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

Modified Utilization Management Guideline updates/changes

BlueCross BlueShield of Tennessee’s website has been updated to reflect upcoming modifications to select Modified Utilization Management Guidelines. The Modified Utilization Management Guidelines can be viewed on the Utilization Management Web page at <http://www.bcbst.com/providers/UM_Guidelines/Upcoming_Changes/Upcoming_Changes.html>.

Effective Aug. 14, 2013

The following as relates to Inpatient & Surgical Care:

- Cleft Palate Procedures- BlueCross BlueShield of Tennessee modifications related to the cleft palate procedures modified goal length of stay will be removed. MCG (formerly Milliman Care Guidelines) addresses the cleft palate procedures within their 17th edition Care Guidelines, therefore, MCG will be used.

Note: The effective date also applies to BlueCare and TennCareSelect pending state approval.

New drugs added to commercial specialty pharmacy listing

Effective July 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: Abilify Maintena (PA)

Self-administered via pharmacy benefit:
- Mekinist (PA)
- Procsybi (PA)
- Tafinlar (PA)
- Tecfidera (PA)

The self-administered drugs listed below are on our specialty list and currently require prior authorization, however, effective Aug. 1, 2013, these drugs will no longer require prior authorization.
- Promacta (PA)
- Sabril (PA)

Providers can obtain prior authorization for:

- Provider-administered drugs that have a valid HCPCS code by logging onto BlueAccess, the secure area of www.bcbst.com, select Service Center from the main menu, followed by Authorization/Advance Determination Submission. If the physician is not registered with BlueAccess or needs assistance using www.bcbst.com contact 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.

Note: BCMST 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

Provider Inquiry Resource

Authorization Inquiry / Clinical Update

For your convenience, many online tools are available in BlueAccess to assist with daily administrative tasks, such as searching for the status of prior authorization requests and performing clinical updates.

BCBST provides an easy way for you to obtain status on a previously submitted authorization request. Also, there are many times when changes occur between the time of an initial authorization request and the actual scheduled date of service. Both of these situations can be handled via BlueAccess. Simply login to BlueAccess, click Service Center, then select Authorization / Advanced Determination Inquiry from the menu on the left side of the page. You can then choose between Physician or Facility types and enter your criteria to perform a search.

Once you have found the request you are searching for, you may then update that authorization with new information. Click on the reference number link from the search results and enter the data requested under the “Clinical Notes” section at the bottom of the page that is displayed. This information will be reviewed by clinical staff and updates will be made as needed to your existing request.

Additional information about tools located within BlueAccess is available on our website <https://www.bcbst.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.

July 2013
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†.

**Reminder: Change to professional payment cycle for commercial lines of business**

In response to recent changes in the banking industry, BlueCross BlueShield of Tennessee will modify its schedule for distribution of weekly payments to physicians. We recently communicated to you that this transition will happen in August.

BlueCross currently makes payments to physicians on Wednesdays; however, physician payments will move to Thursdays beginning Aug. 22, 2013. This means physician payments that would normally have been made on Wednesday, Aug. 21, 2013, will instead be made on Thursday, Aug. 22, 2013. Payments will resume the seven-day payment cycle each Thursday thereafter. BlueCross will continue making facility payments on Wednesdays.

**Note:** This change will not affect payment schedules for TennCare-contracted providers.

**Reminder – Accessing Physician Quality Reporting Program**

Updates to the Physician Quality Reporting Information are available for private physician review on our secure BlueAccess Web portal as of July 1.

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 will need to “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 Ecomm_TechSupport@bcbst.com

† Hospital-based physicians excluded

‡ A “Shared Secret” is required. Your staff may already have your “Shared Secret”.

**Electronic claims submission**

BlueCross BlueShield of Tennessee continues its efforts to encourage greater use of electronic processing tools, including greater adoption of electronic claims submission. Submitting claims electronically produces faster payments, more efficient claims processing, guaranteed record of receipt of claims and more efficient claims tracking.

BlueCross is currently working with our provider community to understand why paper claims are being submitted today and determine what we can do to help achieve a fully electronic claims submission environment. In addition to helping providers submit all initial claims to us electronically, this initiative includes submission of secondary claims and corrected bills in the electronic format.

Please contact eBusiness Technical Support† and allow our eBusiness team to answer any questions and help address any concerns you may have. More information is available on the company website at http://www.bcbst.com/providers/ecomm/ or you can contact us via email at eBusiness_Service@bcbst.com.

**New hours of operation for Commercial Utilization Management**

Commercial Utilization Management is changing hours of operation to better align with the other areas of the company that provide benefits/eligibility information and claims processing. New hours will be Monday through Thursday, 8 a.m. to 5:15 p.m. (ET) and Fridays, 9 a.m. to 5:15 p.m. (ET). Note that any faxed information received after 4 p.m. (ET) will be processed the next business day.

The company website offers authorization capabilities 24-hours-per-day, 7-days-per-week. If you are not already registered to use BlueAccess contact eBusiness Technical Support via email at eBusiness_services@bcbst.com or call 423-535-5717 (select option 2) or 1-800-924-7141 (select option 3).

Additional information on registering for BlueAccess is available on the company website at <http://www.bcbst.com/providers/ecomm/getting_started/BA_Registration.pdf>.

**Reminder: Assessment of behavioral health conditions**

BlueCross BlueShield of Tennessee and BlueCare Tennessee providers are reminded to use CPT® codes 99420 and G0444 when assessing your patients for depression (or other behavioral health conditions). We encourage you to assess your patients for behavioral health conditions, particularly depression, in order to achieve the best possible treatment outcomes. Research indicates that treating behavioral health comorbid conditions can improve medical health.

CPT® codes 99408 and 99409 should be used for assessment of substance abuse conditions.

When completing the Comprehensive Patient Assessment Form for BlueAdvantage® members, use code 99420 for office visits when assessing and continuing to treat behavioral health conditions.

*These changes will be included in the appropriate 3Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manuals.

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Interventional pain management

Public Chapter 961 will become effective on July 1, 2013

New legislation pertains to who may perform interventional pain management procedures and is defined as the performance of invasive procedures involving any portion of the spine, spinal cord, sympathetic nerves of the spine or block of major peripheral nerves of the spine, outside of facilities licensed under Title 68.

The law also states that only specific medical or osteopathic physicians may practice or supervise the practice of interventional pain management. To practice or supervise the practice of interventional pain management a Physician must be Board certified through the American board of Medical specialties (ABMS) or the American Board of Physician Specialties (ABPS) American Association of Physician Specialists (AAPS) in one of the following medical specialties:

- Anesthesiology
- Neuromusculoskeletal medicine
- Orthopedic surgery
- Physical medicine and rehabilitation
- Radiology, or
- Any other board certified physician who has completed an ABMS subspecialty in board in pain medicine or completed and accredited pain fellowship.

What this means to our providers:

- When requesting an authorization for a pain management procedure, if the specialty of the requesting physician does not meet the requirement of the law the procedure will be denied.
- Nurse practitioners and physician assistants must identify their supervising physician who is required to be on site during the procedure.

For further information:
http://health.state.tn.us/boards/me/legislative.htm
http://www.tennessee.gov/sos/acts/index.htm

Hospice Services Billing Clarifications*

Please note updates to the Hospice Section of the BlueCross BlueShield of Tennessee Provider Administration Manual for commercial business at:

- Hospice discharge date is eligible for payment and will not be considered an exclusion.
- Discharge status should reflect where the patient expired.
- Continuous home care hours is defined as being between 8 and 24 cumulative hours within a 24 hour period, as defined by Medicare.
- Type of Bill (TOB) should determine Place of Service (POS). Only when a patient expires in a Hospice facility will the inpatient per diem be reimbursed. If a patient expires at home the POS should be home not the Hospice facility.

Prior authorization is required for inpatient hospital services for commercial fully insured products. Benefits should be verified prior to providing services for other commercial business.

Reminder: Review office visits cost data for NCCT on BlueAccess

Effectively immediately, providers can view their office visits cost data for the National Consumer Cost Tool (NCCT) on BlueAccess. For more information please visit www.bcbst.com and click on the link “Accessing NCCT Data via BlueAccess”.

State of Tennessee

Prior authorization requirement removed for screening

The State of Tennessee Public Sector Plan (#50860) no longer requires prior authorization for sigmoidoscopy, proctosigmoidoscopy and colonoscopy. This applies to procedure codes G0105, G0121 and all procedure codes in the range of 45300 through 45392.

BlueCare/TennCareSelect

Population Health Management Program offers quality and effective coordination of care

Effective July 1, 2013, BlueCare Tennessee has a fully implemented Population Health Management Program, consistent with TennCare guidelines for MCOs. This program stratifies the entire adult and child enrollee populations and identifies enrollees for specific programs according to risk, rather
BlueCare/TennCare Select

**ADMNISTRATIVE (Cont’d)**

Population Health Management Program offers quality & effective coordination of care (Cont’d)

than disease-specific categories. Population Health Management activities include behavioral and physical health, and, when appropriate, are integrated with CHOICES care coordination processes.

Our Population Health Management staff is located across Tennessee and utilizes referrals from internal and external sources; claims or encounter data; Health Risk Assessment results, from internal and external sources; claims or located across Tennessee and utilizes referrals

Claims for dates of service on July 1, 2013, the rates that were paid prior to July 1, 2011.

which results in a five (5) percent increase to decrease by five (5) percent as of July 1, 2013, TennCare will not allow coverage of TENS for chronic low back pain.

**Health Care Reform: National Correct Coding Initiative (NCCI) enhancement**

Under Health Care Reform, Medicaid health care plans were mandated to use National Correct Coding Initiative (NCCI) edits. The methodology for these edits is determined by the Centers for Medicare & Medicaid Services (CMS) and applies to claims with a date of service on or after Oct 1, 2010. To comply with this legislation BlueCare Tennessee will be implementing automated editing software in the near future. This software will apply edits based on CMS Medicaid NCCI guidelines and will include edits for age, gender, manifestation codes and correct diagnosis coding. The NCCI edits can be found at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/National-Correct-Coding-Initiative.html>.

**BlueAdvantageSM**

**ADMNISTRATIVE**

Prior authorization process update for physical, occupational and chiropractic therapy services

Effective immediately, date ranges will not be extended for unused visits on physical, occupational and chiropractic therapy authorizations for BlueAdvantageSM PPO members. Providers should submit a new request even if approved visits are not used within the 30-day authorization period.

If additional visits are needed prior authorization requests can be submitted via fax to 1-800-520-8045 or through BlueAccess, BCBS’ secure area on its website, http://www.bcbs.com/providers/.

A list of CPT® codes that require prior authorization for the Musculoskeletal Program is available at http://www.triadhealthcareinc.com/bcbst/cpt.aspx.

**Risk adjustment chart collection**

The Centers for Medicare & Medicaid Services (CMS) requires all Medicare Advantage Plans to meet standards for data submission and coding accuracy.

In late July 2013, BlueCross BlueShield of Tennessee will partner with Verisk Health, Inc. and its affiliates to gather medical records on our behalf. As always, faxing and mailing records will be available in addition to a new secure upload portal that will accommodate electronic records submission. Additional information about Verisk Health, Inc. including a portal tutorial will be on the company website in the coming weeks.

**Medication Adherence quality improvement efforts**

BlueAdvantage is committed to working with the BlueAdvantage provider network to ensure quality service to our members. Over the next few months, BlueAdvantage will be delivering a number of care campaign calls to members in an effort to improve medication adherence for the following conditions:

- Hypertension
- Osteoporosis
- Rheumatoid Arthritis
- Hyperlipidemia
- Diabetes

Members taking high risk medications will also receive outreach directing them to discuss their medications with their physician. *What can you do?*

- Review and reconcile medications at every visit
- Discuss the importance of adherence
- Address medication fill barriers

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