BlueAlert℠
provider news flash

BlueCross BlueShield of Tennessee

Please Route to all Providers & Office Staff

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

Effective July 13, 2013

- Radiofrequency Ablation for Treatment of Tumors
- Nerve Fiber Density Testing
- Gene Expression Profiling Assays as a Technique to Determine Prognosis for Managing Breast Cancer Treatment
- Eyelid Thermal Pulsation
- Intravenous Immune Globulin (IVIG) Therapy

Note: These effective dates also apply to BlueCare /TennCare *Select* pending State approval.

ADMINISTRATIVE

Update: New date for changes 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. Last month we communicated that this transition will happen in June, however this change has been delayed until 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.

Coming soon!

Your commercial and BlueAdvantage℠ patients will be able to manage their health on the go with our new MyBlueTN mobile application. It will be available for download on the iTunes App Store and Google Play this month.

Reminder: Electronic claims submission

We previously communicated to you that in the coming months BlueCross will partner with providers to achieve greater adoption of electronic claims processing. Letters about this process were mailed April 12, 2013.

Conversion to electronic claims produces faster payments, more efficient claims processing, guaranteed record of receipt of claims and more efficient claims tracking.

In the next few months, we will seek to work with you to understand why paper claims are being submitted today and determine what BlueCross 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 to 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.

Provider Inquiry Resources

Online Authorizations

For your convenience, many online tools are available in BlueAccess® to assist with daily administrative tasks, such as requesting prior authorizations.

If you are providing services to BCBST members that require prior authorization, you may submit requests online for the following service types:

- Inpatient Confinement
- 23 Hour Observation
- Outpatient Surgical Procedure
- Specialty Pharmacy
- Global Obstetrics
- Home Health Services

To access the request tool, login to BlueAccess, click on Service Center, and then select “Authorization / Advance Determination Submission…” to review the list of available service types. Click on the service you need to request and follow the on-screen instructions. For certain services you may choose to apply Milliman medical criteria for an automatic decision; other services will be pended for clinical review. You may check the status of submitted requests by clicking on “Authorization / Advance Determination Inquiry…” and selecting the service type for which you want to request status.

Additional information about tools located within BlueAccess is available on our website at <https://www.bcbst.com/secure/providers/index.shtm>l. Provider service units are also available to assist you; please reference their contact information at the end of this

BlueCross BlueShield of Tennessee, Inc. (BCBST)

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ADMINISTRATIVE (Cont'd)

Provider Inquiry Resources

Online Authorizations **(Cont'd)**

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 manual.

If you need technical support or training for BlueAccess or any of BCBST's online provider tools, please contact eBusiness Technical support by phone or e-mail as indicated on the last page of this newsletter†.

Reminder – Accessing Physician Quality Reporting Program

Updates to the Physician Quality Reporting Information will be available for private physician[1] review on our secure BlueAccess Web portal on 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" [2] for all provider ID numbers that you need to access.

For more information or BlueAccess training, contact eBusiness Technical Support†.

[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.

Commercial Services Authorization Requests

When requesting prior authorization for inpatient/outpatient services for our members with commercial plans, please utilize the **Commercial Inpatient/ Outpatient Service Authorization Request** form available on our company website at <http://www.bcbst.com/providers/forms/Commercial_Auth_Fax_Form.pdf> to fax the required information. The form should be completed in its entirety to avoid delays.

For a faster response submit authorization requests online 24 hours-per-day/7 days-per-week via BlueAccess. If you are not a registered user of BlueAccess, contact eBusiness Technical Support† at (423) 535-5717 and select Option 2.

Electronic DME invoice data

In an effort to streamline processing of durable medical equipment (DME) claims requiring invoice data for processing purposes, BCBST staff have been trained to look for specific types of information that can be filed as part of your electronic claim. By providing this data electronically you can reduce the number of additional requests for information needed to process these claims and reduce the administrative burden of sending paper claims and attachments.

For claims requiring invoice data, follow the instructions below. **Please share these instructions with your vendor to ensure accurate placement of data.**

- Locate the section of your practice management system that allows entry of line-level claim notes (5010: Loop 2400 NTE Segment; HCFA 1500: Shaded portion of 24 ABOVE the line item)
- Add text from the invoice for each line item in the following format: *<manufacturer name>, <brand name>, <model number>, <description>, <quantity>*
- Example based on the format above: "ABC CORP, WIDGETS, 1234567, GENERIC DME, 1 ITEM"
- Submit claim

If you have any questions about this or any other electronic claims filing concern, please contact eBusiness Technical support by phone or email as indicated on the last page of this newsletter†.

Take the ICD-10 Preparation Survey

Effective Oct. 1, 2014, ICD-10 will replace ICD-9 which will require business and system changes throughout the health care industry. In order to determine the preparedness of our providers, we have a brief survey that we would like you to take. Please click on the "Survey" link on the ICD-10 dedicated page of our website, www.bcbst.com/providers/icd-10.shtml. You will have until the end of July to complete the survey.

ICD-9 codes are outdated; transitioning to ICD-10 allows for greater detail when communicating about diagnoses and procedures. For example, the approximate 17,000 codes within ICD-9 will become approximately 155,000 codes under ICD-10.

Some suggestions to prepare for ICD-10 include:

- Focusing on improving clinical documentation can make the transition easy. This will also have a positive effect on quality of care and reporting.
- Continue to make the necessary changes to get your system ready for ICD-10. This will avoid any further delays and allow you to get a jumpstart on being compliant by the compliance date.
- You can also continue to invest in educating your coding staff. As mentioned, the ICD-10 coding system will consist of much more detailed codes than ICD-9. Becoming more familiar with anatomy and physiology can benefit the coders.

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ADMINISTRATIVE (cont'd)

Take the ICD-10 Preparation Survey (Cont'd)

For more information regarding ICD-10 implementation and BCBST progress, please visit the ICD-10 dedicated web page on the Provider page of our company website, www.bcbst.com by clicking "ICD-10".

Correction: OCR Scanning Process*

In the May 2012 BlueAlert, BlueCross published an article containing incorrect information regarding our OCR scanning process. We reported that Form Locator 15 - Admission Source on the UB-04 claim form is required for **only** inpatient claims and that any outpatient claim submitted with an Admission Source would be rejected. However, Form Locator 15 is required for **all** institutional claims except those with a Type of Bill 014x. Any UB-04 claim form submitted without an Admission Source will be rejected and returned for correction. This complies with the guidelines published in the *National Uniform Billing Committee (NUBC) Official UB-04 Data Specifications Manual* as well as the *HIPAA 5010 Type 3 Technical Reports (TR3)* for electronic claims. This information will be reflected in the third quarter 2013 update to the BlueCare Tennessee and BlueCross BlueShield of Tennessee provider administration manuals.

We apologize for any inconvenience this may have caused. If you have any questions, please call the BlueCross Provider Service line†.

Submit requested medical records electronically*

You can now save paper and postage by submitting requested medical records through the Message Center on BlueAccess. With quick electronic delivery, BlueCross will receive and begin processing your records faster, saving time over traditional mail. To submit a requested record, simply log on to BlueAccess at bcbst.com; go to Message Center; and select the Electronic Medical Record option. You can also use Message Center to submit secure benefit & eligibility, technical support, and remittance advice inquiries. For questions about Message Center and BlueAccess contact us via e-mail at ebusiness_support@bcbst.com or call (423) 535-5717, Monday through Thursday, 8 a.m. to 5:15 p.m. (ET) and Friday, 9 a.m. to 5:15 p.m. (ET).

Outpatient Suboxone® Program

Suboxone, a narcotic medication indicated for the treatment of opioid dependence, can be used for office-based detoxification and maintenance by specially-trained and registered physicians. Patients who receive Suboxone in outpatient programs are able to remain active in their community while becoming free of their opioid addiction.

Commercial:

- Services are covered if offered under the member's health benefit plan. Providers are reminded to verify benefits by calling the appropriate BlueCross BlueShield of Tennessee or BlueCard Provider Service line†.
- See the Medication Assisted Treatment Program (MAT) information available on www.bcbst.com.
- Initial and Renewal Prior Authorization Forms are available on the company website at <http://www.bcbst.com/pharmacy/provider/forms/index.shtml>.

BlueCare/TennCare*Select*

- Services are covered.
- BlueCare/TennCare*Select* members are sometimes being charged for physician fees associated with Suboxone services. TennCare members should not be charged for Medically Necessary services.
- TennCare's Prior Authorization Fax form for Suboxone is located online at <https://tnm.providerportal.sxc.com/rxclaim/TNM/TC%20PA%20Request%20Form%20(Suboxone).pdf>.

Suboxone services are delivered by behavioral and non-behavioral physicians who have been certified to deliver the services. More information about certification to qualify for prescribing this drug is available at the Substance Abuse and Mental Health Services Administration (SAMHSA) at www.buprenorphine.samhsa.gov.

Note: Providers are contractually obligated to file claims for services rendered to all BlueCross BlueShield of Tennessee/BlueCare Tennessee members.

Update: Implants and medical devices

BlueCross will not implement revised definitions related to surgical implants and medical devices on May 1, 2013, as prevously communicated in the April issue of BlueAlert. Existing contract language that is specific to these definitions will continue to prevail. You should not experience any change from current procedure.

BlueCross will keep you informed as we continue our efforts to update this language to ensure it remains consistent with current medical practice.

Reminder: Peer-to-peer review process

It is the policy of BlueCross BlueShield of Tennessee to make available to treating Practitioners a peer-to-peer review to discuss, by telephone, determinations of denial based on medical necessity. Peer-to-peer requests are available for medical necessity denials **only**. Contractual or benefit limitations are not appropriate for peer-to-peer discussions.

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ADMINISTRATIVE (cont'd)

New TennCare Pharmacy Benefit Manager *

Effective June 1, 2013, the State of Tennessee changed its TennCare Pharmacy Benefit Manager (PBM) from **Catamaran Corporation** to:

Magellan Pharmacy Solutions, Inc.
11013 West Broad Street, Suite 500
Glen Allen, VA 23060

Pharmacy Provider Relations/Technical Help Desk: 1-866-434-5520

June initiative: Men's health

June is National Men's Health Month. This is a great time to talk with your male patients about their health and encourage skin, colon and prostate cancer screening as appropriate. Skin and prostate cancers are the most common cancers found in American men. The Tennessee Cancer Registry shows there are over 4,000 new cases of prostate cancer each year. Incidence and mortality rates are higher in black men than in white men.

Please remind your male patients of the importance of regular health screenings, including colon and prostate cancer. Information about this and other quality initiatives, including resources for your patients, are available on the provider page of our company website, www.bcbst.com.

Getting the best impression

The first person your patients usually see is the Medical Receptionist. The journal, *Social Science and Medicine,* recently published a study on their work. The study found receptionists are not just the "gatekeepers" or "person behind the desk." Their responsibilities often extend way beyond their administrative duties. They are a vital part of patient care.

Medical receptionists deal directly with everyone coming into the office from patients to pharmaceutical representatives, mail men, lab couriers, etc. In addition to their administrative function, they may confirm prescriptions with an angry patient, congratulate a new mother, console a patient whose spouse just died or help a mentally ill patient make an appointment. A significant portion of their work involves managing the emotions and care of patients and families.

Medical receptionists are a key part of the relationship between patients and doctors and patients' feelings about the receptionist may be reflected in their opinions of their doctor.

Cultural disparities analysis

For Commercial and TennCare BCBST members who had claims in 2012, an analysis of top conditions by race/ethnicity was conducted by line of business and overall, using episode treatment groupings. In addition, BCBST examined compliance with evidence based guideline measures to determine if compliance varied by race. Some significant difference in the health of some racial/ethnic groups are noted below:

Asians

- Asian Commercial members had lower prevalence for every top condition when compared to all other racial/ethnic groups.
- The prevalence of gynecological cancers for Asian TennCare members almost doubles that of other racial/ethnic groups.

African Americans

- African American Commercial members had significantly higher rates of hypertension and diabetes compared to other racial/ethnic groups.
- African American TennCare members had significantly higher rates of STDs compared to other racial/ethnic groups.

Hispanics

- Hispanic Commercial members had low compliance with most preventive measures in every gap measure group.
- Hispanic Commercial members had higher rates of obesity compared to the other racial/ethnic groups.

American Indian/Alaskan Native

- AI/AN TennCare members had significantly higher prevalence of diabetes and gynecological cancers compare to the other racial/ethnic groups.

White

- White TennCare members had a significantly higher prevalence of hypertension and endocrine gland diseases compared to other racial/ethnic groups.

Plain Language

Have you heard of "Plain Language?" This 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.

Many informed consent forms and medication package inserts are written at high school level or higher, while the average patient reading level is closer to sixth grade.

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 follow your instructions better. This is also important for your patients who do not speak English as their primary language.

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

BlueCare/TennCare*Select*

ADMNISTRATIVE

Clarification – New BlueCare Tennessee website*

In May we announced our new BlueCare Tennessee brand and logo. To clarify, the website link has been updated and is available at http://bluecare.bcbst.com.

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BlueCare/TennCare*Select*

ADMINISTRATIVE (Cont'd)

Reminder: Billing for durable medical equipment, prosthetics, orthotics and medical supplies (DMEPOS)

Coding/modifier descriptions in letters of authorization are not intended to replace Billing Guidelines listed in the provider administration manuals http://www.bcbst.com/providers/manuals/. When submitting claims, DMEPOS providers are responsible for ensuring codes and modifiers are billed in accordance with the Department of Health and Human Services guidelines including, but not limited to: HCPCS Manual, Federal Register, DME MAC Jurisdiction C guidelines (www.cgsmedicare.com), DMEPDAC coding bulletins (www.dmepdac.com).

Clinical information required for DME and O&P requests

Providers writing an order for durable medical equipment (DME) or orthotics/prosthetics (O&P) must provide supporting clinical information to the DME provider with the order. Failure to do so could result in a delay of authorization for the request.

Reminder: Process for payment of TennCare covered therapy performed in schools

Prior Authorization is not required for payment of TennCare covered therapy services provided in the school setting. BlueCare/TennCare*Select* require the services performed in the school are supported by an IEP, meet coverage and medical necessity as defined by the TennCare rules and performed by a participating provider. This does NOT affect services performed in the office or outpatient locations external to schools.

When services are performed in schools, the claim must reflect the proper place of service.

Place of Service	Location Code
School	03
Office	11
Outpatient	22

Additional information is available on the Provider page of our company website. <http://bluecare.bcbst.com/Providers/Provider-Education-and-Resources/Forms.html>
Note: This does not apply to behavioral health services.

Reminder: Updated Lab Exclusion List available

Under the BlueCare Tennessee consolidated lab services program, the company committed to an annual review of the Exclusion List that was developed as part of that program.

The Exclusion List, which is a list of specific test codes that do not need to be sent to Quest Diagnostics, was reviewed and revised recently with input from health care professionals across the state. The revised list now includes 20 percent more codes than were on the previous list. A copy of the revised Exclusion List, along with other program materials, is available on the company website at <http://bluecare.bcbst.com/forms/Provider%20Information/Quest_Diagnostics-Exclusion_list.pdf >.

CPT® and HCPCS codes now requiring prior authorization

Effective July 1, 2013, the following CPT® and HCPCS codes will require prior authorization. Codes billed without prior authorization will be denied as of the effective date.

38243	91112	93653	93654
93655	93656	93657	95017
95018	95076	95079	95782
95783	95907	95908	95909
95910	95911	95912	95913
95924	95943	0310T	0311T
0312T	0313T	0314T	0315T
0316T	0317T	E0670	E2378
L5859	L7902	L8605	V5282
V5283	V5284	V5285	V5286
V5287	V5288	V5289	V5290

Medical emergency codes located online

Some medical claims are being denied because the code billed is not approved for "emergency" situations. Medical Emergency Lists are available on the provider page of the company website by code <bcbst.com/providers/bluecare-tenncareselect/2010MedicalEmergencyListbyCode.pdf> and by description at <bcbst.com/providers/bluecare-tenncareselect/2010MedicalEmergencyListbyDescription.pdf>.

Reminder: Access and availability requirements

BlueCare Tennessee has regulation requirements to provide available, accessible, and adequate numbers of institutional facilities, service locations, service sites, professional allied and paramedical personnel for the provision of covered services, including all emergency services 24 hours-per-day, 7 days-per-week basis. At a minimum this shall include:

For primary care provider or physician extender:

- Distance/time between the practitioner and member in urban area: 20 miles or 30 minutes
- Distance/time between the practitioner and member in rural area: 30 miles or 30 minutes
- Patient load: 2,500 or less for physician; 1,250 or less for physician extender
- Appointment/waiting times: Usual and customary practice should not exceed three (3) weeks from the date of the member's request for regular appointments and 48- hours for urgent care
- Office waiting times should not exceed 45 minutes

Note: Appointments for BlueCare/TennCare*Select* members must reflect local practice and be on the same basis as all other patients served by the practitioner.

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BlueCare/TennCare*Select*

ADMNIISTRATIVE (Cont'd)

Patient Billing Reminder

There are times when it may or may not be appropriate to bill your patients directly. Please refer to the *BlueCare Tennessee Provider Administrative Manual* for complete information regarding medical billing.

- Providers may bill Class 77 (uninsured/disabled with Medicare) for the Medicare coinsurance and deductibles.
- Class 17 (Medicare/Medicaid dual eligible) members may **not** be billed for coinsurance and deductibles.
- Providers may **not** bill a member for services that were denied based on late claims submission.
- If a denial is based on a referral, or determination was made that there was no referral on file, the Provider may not bill the member or plan.
- Members may **not** be billed for services that VSHP does not consider medically necessary.
- Providers may **not** bill the member for charges that exceed the member's liability.
- Providers may **not** bill the member for the transfer of medical records from one provider to another provider.
- For non-emergent care, providers may only bill patients for normal TennCare co-payments and deductible amounts.
- Providers may **not** bill members for missing a scheduled appointment.
- Providers **may** seek payment from a person whose TennCare eligibility is pending at the time services are rendered if the provider informs the person that TennCare assignment will not be accepted, whether or not eligibility is established retroactively.
- Providers **may** seek payment from a person whose TennCare eligibility is pending at the time services are provided. Providers may bill such persons at the provider's usual and customary rate for the services rendered. However, all monies collected for TennCare-covered services rendered during a period of TennCare eligibility must be refunded when a claim is submitted to TennCare if the provider agreed to accept TennCare assignment once retroactive TennCare eligibility is established.

BlueAdvantage℠

ADMINISTRATIVE

Reminder: Health assessments for Medicare Advantage members

BlueAdvantage is pleased to announce two new programs to improve the quality of care
for our members, your patients. The first includes voluntary in-home, in-depth health risk assessments conducted by clinicians.

The second program involves the creation of a provider assessment form (PAF) to assist you with the coordination and documentation of health care of your senior members. PCPs will be receiving a letter with a list of your BlueAdvantage members to help you identify patients eligible to receive the assessment. BlueAdvantage will provide additional compensation for the completion of this form.

Additional information about both programs and the form are located on the company website at bcbst.com/providers/BlueAdvantage-PPO.

Payment reductions for Medicare Advantage PPO reimbursement

Due to the change to CMS payment methodology under federal sequestration, resulting in a two (2) percent reduction in Medicare claims payments, Medicare Advantage PPO claims will be subject to similar reductions for date(s) of service on or after April 1, 2013.

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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**
TennCare*Select* **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_service@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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