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.bcbs.com/providers/mpm.shtml under the “Upcoming Medical Policies” link.

Effective Oct. 12, 2013

- Botulinum Toxin
- Molecular Markers in Fine Needle Aspirates of the Thyroid
- Orthopedic Applications of Stem Cell Therapy

Effective Nov. 13, 2013

- Ventricular Pacemakers for the Treatment of Heart Failure

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

Clinical Practice Guidelines adopted August 2013

BlueCross BlueShield of Tennessee has adopted the following guidelines as practice resources:


Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society http://www.annals.org/content/147/7/478


Periodic table <http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Schedule%20101107.pdf>


Use in correlation with: JNC 7 Express <http://www.surhta.com/PDF/JNC%207/JNCC7Express.pdf>

2013 ACCF/AHA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines <http://circ.ahajournals.org/content/early/2013/06/03/CIR.0b013e31829e8776.full.pdf>

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.bcbs.com/providers/hcpr/.

Paper copies can be obtained by calling 1-800-924-7141, ext. 6705.

ADMINISTRATIVE

Reminder: Electronic claims submission

BlueCross BlueShield of Tennessee is promoting greater use of electronic processing tools, including greater adoption of electronic claims submissions. In addition to encouraging providers to submit claims electronically whenever possible, we are also responding to feedback from providers by developing new tools to address gaps in some existing processes that can lead to paper claim submission. In addition, we are contacting providers to help resolve issues that have been identified as a barrier to achieving a fully electronic claims submission environment.

Please contact eBusiness Support† at (423) 535-5717, and select option 2, to discuss how your organization can continue moving from paper to electronic claims submission. More information is available on the company website at http://www.bcbs.com/providers/ecomm/ or you can contact us via email at eBusiness_Service@bcbs.com.
Specialty pharmacy update *

Caremark Specialty Pharmacy and Walgreens Specialty Pharmacy have chosen to no longer participate in the BCBST specialty pharmacy network going forward. You can order your specialty pharmacy medications for your patients or your office from one of the specialty pharmacies listed below effective Aug. 1, 2013:

Accredo Health Group 1-888-239-0725
Amerita, Inc. 1-855-778-2229
BioPlus Specialty Pharmacy 1-888-292-0744
CoramRx 1-866-710-9130
CuraScript, Inc. 1-888-773-7376

BlueAccess® security enhancements

When registering for a new BlueAccess account or when using the BlueAccess “forgot/reset password” option, users will soon be asked to enter an email address, answer new security questions, and choose a user role. These steps are part of our continuing security enhancements to BlueAccess to further prevent unauthorized access to PHI. For more information on BlueAccess registration, contact eBusiness Solutions at (423) 535-5717 Option 2 or by email at ebusiness_service@bcbst.com.

Cultural disparities analysis

For BCBST Commercial and TennCare 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, we examined compliance with evidence-based guideline measures to determine if compliance varied by race.

- **Asians**
  - Asian Commercial and TennCare members had lower prevalence for every top condition except Hyperlipidemia and Blood Borne Cancer when compared to all other racial/ethnic groups. The prevalence of Obesity for Asian Commercial members was more than half of other racial/ethnic groups.
  - African American Commercial members had a much lower rate of hyperlipidemia compared to other racial/ethnic groups.
  - African American TennCare members had significantly higher rates of STDs compared to other racial/ethnic groups.

- **African Americans**
  - African American Commercial members had a much lower rate of hyperlipidemia compared to other racial/ethnic groups.
  - African American TennCare members had significantly higher prevalence of hypertension compared to other racial/ethnic groups.

- **American Indian/Alaskan Native**
  - AI/AN TennCare members had almost double the prevalence of endocrine gland disease or disorder compared to all the other racial/ethnic groups.

- **Hispanics**
  - Hispanic Commercial members had low compliance with most preventive measures in the gap measure groups.
  - The prevalence of hypertension was significantly lower for Hispanic TennCare members compared to other racial/ethnic groups.

- **White**
  - White Commercial members had a significantly higher prevalence of hypertension compared to other racial/ethnic groups.

Clarification: Interventional pain management

In the July BlueAlert, BlueCross provided a high-level overview of new legislation that applies to providers who perform interventional pain management procedures. This information was not intended as a detailed analysis of the law, but rather to provide notification of its existence.


Prior authorization for CPAP and TENS Unit *

Initial commercial authorization requests for Continuous Positive Airway Pressure (CPAP) and Transcutaneous Electrical Nerve Stimulation (TENS) will require a rental period. For BlueCross to consider benefits toward the purchase of the equipment the member must meet usage requirements during the rental period. Following rental, the provider should submit a request for authorization to purchase the equipment, along with clinical information reflecting compliance with the usage requirement as evidenced by a download of the equipment.

Effective Oct. 1, 2013, the CPAP rental period has been extended to three (3) months. A member is compliant if the CPAP is used four (4) or more hours per night for at least 70 percent of the time.

The TENS Unit rental period is one (1) month. Clinical information must reflect the effects and benefits as well as efficacy and compliance demonstrated in the initial therapeutic trial.

Requests for prior authorization of DME equipment should be submitted via fax on the Durable Medical Equipment Request form available on the company website at http://www.bcbst.com/providers/forms/.

New Grier PIN web application coming soon

A new web-based application will soon be available on BlueAccess for behavioral health providers who currently fax their...
New Grier PIN web application coming soon (Cont’d)

Grier Provider Initiated Notice (PIN) requests to BlueCare Tennessee. The application will allow providers to directly enter the details for submittal and will improve tracking and turnaround times. Look for more information in future BlueAlert publications, or contact your behavioral health regional network manager.

New claims editing system

Implementation of Igenex Claims Editing System or iCES, the new claims editing system for both professional and facility claims is rescheduled to begin Nov. 1, 2013. iCES utilizes industry rules, as well as federal regulations and policies governing health care claims. You may see some slight differences in how claims are processed as a result of our change to iCES. Look for more information in upcoming articles in BlueAlert or on the Provider page of the BlueCare Tennessee website at <http://bluecare.bcbst.com/Providers/index.html>.

State mandated benefit limits

The 2014 Budget has been passed by the Tennessee General Assembly. Therefore, the following changes must be implemented by BlueCare Tennessee effective Oct. 1, 2013.

NOTE: These changes will only apply to our adult members.

Facet/Medial branch block injections will no longer be a covered expense as of Oct. 1, 2013.

Trigger point injections will be limited to four (4) per muscle group in any period of six (6) consecutive months. The counts will begin with the first shot on or after Oct. 1, 2013. There will be a retrospective audit process on these services which recoveries could occur if the limit is exceeded.

Epidural steroid injections (62310, 62311, 62318, 62319, 64479, 64480, 64483, and 64484) will be limited to three (3) in any period of six (6) consecutive months, and will require prior authorization effective Oct. 1, 2013. The counts will begin with the first shot on or after Oct. 1, 2013.

NOTE: The limit will NOT apply in conjunction with labor and delivery.

Urine drug screens will be limited for claims coded with HCPC Code G0434 with a limit of twelve (12) per calendar year and HCPC Code G0431 with a limit of four (4) per calendar year. These limits will not apply to the emergency department. Urine drug screens billed under the 8xxxx series will not be covered. Claims must be billed with the appropriate G code.

TENS unit for chronic low back pain – Effective July 1, 2013, TennCare no longer covers TENS unit for chronic low back pain. Beginning Oct. 1, 2013 BlueCare Tennessee will no longer authorize previously approved supplies for a TENS unit used for chronic low back pain.

Please check our website http://bluecare.bcbst.com for more information to follow.

Prior authorization requirement removed for certain services

Effective, Sept. 1, 2013, certain outpatient procedures and certain durable medical equipment (DME) will no longer require prior authorization, for BlueCare/ TennCareSelect members. A complete listing of codes, no longer requiring prior authorization, is available on the company website, http://bluecare.bcbst.com/. Out-of-network services continue to require prior authorization.

Reminder: Prior authorization requirement for DME suppliers

Prior authorization, required for durable medical equipment (DME), should be obtained before services are rendered.

Services provided more than 24 hours prior to submission of an authorization request will be denied as non-compliant. An exception is considered acceptable for services provided on weekends and holidays when a prior authorization is submitted the next business day.

**BlueCare Plus**

**BlueCare Plus HMO D-SNP**

Effective Jan. 1, 2014, BlueCare Plus is offering a new Dual Special Needs Plan (D-SNP) to help improve the coordination of care for Medicare and Medicaid enrollees. Member enrollment will begin Oct. 1, 2013. This plan is a Medicare Advantage HMO managed by BlueCare Plus that will only enroll dual eligible members. BlueCare Plus offers a Model of Care that provides the structure for delivering care management and services to the dual eligible members with special health care needs.

Providers with questions about BlueCare Plus D-SNP may contact their local Provider Service Network Manager, or visit the new BlueCare Plus website, which will be available on Sept. 27, 2013 at bluecareplus.bcbst.com.

**BlueAdvantageSM**

**HIPPS requirement for home health claims**

The Centers for Medicare & Medicaid Services (CMS) has delayed the rejection of Medicare Advantage (MA) plan claims for no health insurance prospective payment system (HIPPS) code for home health services until Dec. 1, 2013. Any home health claim submitted without the HIPPS code for service dates on or after Dec. 1, 2013, will be disallowed/rejected. Please refer to CMS Publication 100-4, chapter 10, section 10.1.8 for HIPPS coding guidelines.
**BlueAdvantage℠**

**ADMINISTRATIVE (Cont’d)**

**Reminder: Health assessments for Medicare Advantage members**

BlueAdvantage has 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 should have received a list of their BlueAdvantage members to help identify patients eligible to receive the assessment. BlueAdvantage will provide additional compensation for the completion of this form. Additional information about both programs as well as the form are located on the company website at [http://www.bcbst.com/providers/BlueAdvantage-PPO](http://www.bcbst.com/providers/BlueAdvantage-PPO).

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**BlueCard**

**ADMINISTRATIVE**

**Electronic Provider Access improves prior authorization review process**

Effective Jan. 1, 2014, Electronic Provider Access (EPA) makes it easier for providers to conduct prior authorization review for out-of-state members electronically. Currently, providers who want to conduct prior authorization review for out-of-state members generally have to call the member’s Home Plan directly for authorization or use the 1-800-676-BLUE number. With very few steps, EPA affords a more efficient process for providers to verify prior authorization review electronically for out-of-state members.

Please look for future BlueAlert articles with more information on EPA.

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**Cover Tennessee**

**ADMINISTRATIVE**

**CoverKids network change**

The State of Tennessee budget for the CoverKids and HealthyTNBabies programs includes realigning the networks that serve these members. As a result, CoverKids and HealthyTNBabies members will be served through the TennCareSelect Network of providers beginning Oct. 1, 2013.

Information to note regarding this change:
- Member benefits remain the same.
- “CoverKids” will appear in the top right corner of the member ID card.
- Value Options will administer behavioral health benefits.
- Reimbursement for pregnant women in their second or third trimester will be based on contracted Network S rates.
- National Drug Code (NDC) is required for all charges for provider-administered drugs.

Member ID cards for CoverKids members will also reflect the network name (TennCareSelect Network) in the bottom left corner of the card.

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**Clarification: Cover Tennessee continues to require prior authorization for observation stays**

Cover Tennessee groups, including CoverTN, AccessTN, CoverKids, and HealthyTNBabies, require prior authorization for observation stays. The removal of the requirement of prior authorization for observation stays for commercial lines of business does not affect Cover Tennessee products.

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*These changes will be included in the appropriate 3Q or 4Q 2013 provider administration manual update. Until then, please use this communication to update your provider administration manual.*

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**September 2013**

- **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–Thursday, 8 a.m. to 5:15 p.m. (ET)
  - Friday, 9 a.m. to 5:15 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)

- **BlueCard** 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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BlueCare/TennCareSelect Medical Management Hours

Monday-Friday, 8 a.m. to 6 p.m. (ET)

BlueCard

Benefits & Eligibility 1-800-676-2583
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