



February 2014

Blue+ alert

Marketplace

“Know Then Go” network education campaign targets BlueCross members

Health care providers are starting to see new patients who purchased health plans through the Health Insurance Marketplace. Many of these plans are based on high-value provider networks.

As you are aware, BlueCross BlueShield of Tennessee has a new *regional* network available through the Marketplace – Blue Network E – in addition to the existing statewide Blue Networks S and P.

With so many new members gaining access to health insurance for the first time, and because Network E is regional in its scope, BlueCross is launching an extensive member education campaign called “Know Then Go” to explain the importance of staying in network.

Here are a few things we’re doing to educate our members.

- Network information is on the bcbst.com homepage.
- Educational inserts are in member welcome packets.
- Adaptations have been made to member ID cards to emphasize the network.

- Network information is included on ID card carriers.
- And more.

Health care providers can help, too.

- Make sure your patients are in a network with which you are contracted.
- If they are not in your network, please explain they will pay a higher deductible, copay and coinsurance for the care you provide out-of-network.
- Help refer them to an in-network provider. They can use our “Find A Doctor” tool on bcbst.com or call the member service number on the back of their ID card to verify in-network providers.
- Please be sure to use participating network facilities when treating your patients.

Stay tuned for more information on “Know Then Go,” including updates on the provider web pages of bcbst.com and educational webinars hosted by BlueCross and key professional organizations. Thank you for your support in educating your patients about the importance of staying in-network for care.

BlueCross BlueShield of Tennessee, Inc.

(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 March 13, 2014

- Aqueous Shunts and Stents for Glaucoma (only addressing Stents)
- Natural Orifice Transluminal Endoscopic Surgery (NOTES) (only addressing peroral endoscopic myotomy [POEM] for the treatment of esophageal achalasia)
- Surgical Deactivation of Headache Trigger Sites
- Genetic Testing for Hereditary Pancreatitis
- Lipid and Non-Lipid Biomarkers in the Risk Assessment and Management of Cardiovascular Disease
- Paclitaxel (Protein-Bound)

Effective May 9, 2014

- Rituximab

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

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ADMINISTRATIVE

2014 HEDIS® medical record review project to begin

Each year BlueCross BlueShield of Tennessee and BlueCare Tennessee are required to report Healthcare Effectiveness Data and Information Set (HEDIS®) measures to maintain National Committee for Quality Assurance (NCQA) accreditation. This is a requirement stated in the Contractor Risk Agreement with the Bureau of TennCare and is also needed to meet Centers for Medicare and Medicaid Services (CMS) reporting requirements. Data is collected for Medicaid, Medicare Advantage, Commercial and CoverKids products.

We will be seeking medical records related to prevention and screening, diabetes care, cardiovascular care, access and availability and utilization measures.

Your cooperation is greatly appreciated and important to the success of the outcome. A BlueCross and/or BlueCare Tennessee representative will work directly with your office to arrange the most appropriate method for obtaining medical record information. This may include scheduling an onsite review in your office or arranging to receive records via fax or FedEx. Staff will

need to scan pertinent elements of member charts to support abstraction results due to required oversight audits of our medical record abstraction methodology.

If you use a copy service, please notify them of the need to respond promptly to record requests.

As allowed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), covered entities (such as practitioners and their practices) are not required to obtain patient authorization to disclose protected health information (PHI) to another covered entity (such as BlueCross and BlueCare Tennessee), as long as both parties have a relationship with the patient and the PHI pertains to that relationship for the purposes of treatment, payment, and health care operations (TPO). Additionally, all nurses reviewing charts on behalf of BlueCross and BlueCare Tennessee have signed a HIPAA-compliant confidentiality agreement.

New claims editing system for BlueCare Tennessee and CoverKids

Implementation of Ingenix Claims Editing System or iCES, the new claims editing system for both professional and facility claims is scheduled to begin March 1, 2014 for BlueCare Tennessee and CoverKids. 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.

New electronic funds transfer tool streamlines the enrollment process

BlueCross BlueShield of Tennessee is partnering with the Council for Affordable Quality Healthcare (CAQH®) on a new, universal electronic funds transfer (EFT) enrollment tool for providers that offers a single point of entry for adopting EFT. By streamlining and automating the EFT enrollment process, the CAQH tool will help eliminate administrative redundancies and create efficiencies and cost savings for both providers and BlueCross.

BlueCross BlueShield of Tennessee is very pleased to currently accept EFT enrollment through CAQH. All licensed health care providers are eligible to enroll in CAQH at no cost. As a valued provider in the BlueCross network, we encourage you to visit <https://solutions.caqh.org> to learn more about CAQH's new EFT enrollment tool and sign up today. However if you are enrolled for EFT with BlueCross, no action is required by you at this time. Should you need to change or update to your information related to EFT, we ask that this be done through CAQH EFT. You will be notified when any other action is required.

Additionally, BlueCross is working with CAQH to implement use of their [Universal Provider Datasource](#) (UPD) in the near future. Look for more information about our partnership with CAQH regarding UPD coming soon.

Upcoming change to prepare for ICD-10*

Effective Oct. 1, 2014, federal regulations require that ICD-10 codes replace ICD-9 codes, which will require business and system changes throughout the health care industry.

Many HIPAA entities are looking into their processes and making necessary changes to prepare for ICD-10. One such change is the CMS-1500 paper claim form. The National Uniform Claim Committee (NUCC) revised the CMS-1500 paper claim form to accommodate ICD-10 diagnosis codes. Here are some important dates and activities:

- **Jan. 6, 2014:** Payers begin receiving and processing paper claims submitted on the revised 1500 Claim Form (version 02/12).
- **Jan. 6 to March 31, 2014:** Dual use period during which payers continue to receive and process paper claims submitted on the old 1500 Claim Form (version 08/05).
- **April 1, 2014:** Payers receive and process paper claims submitted only on the revised 1500 Claim Form (version 02/12).

In the Billing and Reimbursement section of the *BlueCross BlueShield of Tennessee Provider Administration Manual*, providers are notified that, “Paper claims will only be an accepted method of submission when technical difficulties or temporary extenuating circumstances exist and can be demonstrated.” While reviewing your organization’s needs for ICD-10 and the new CMS-1500 form, we encourage all providers to take the steps necessary to become fully electronic wherever possible to meet this requirement.

For more information regarding ICD-10 implementation and BCBST progress, please visit the ICD-10 dedicated web page online at, www.bcbst.com by clicking ICD-10 or you can type the following link in your URL <<http://www.bcbst.com/providers/icd-10.shtml>>.

Web authorization improvements

Important upgrades are being implemented to our Web Authorization tool. These changes are being made to better serve you in the coming months. Enhancements made to the authorization inquiry tool has a more streamlined format, which includes authorization status information, number of authorized units and requested length of stay (LOS) information.

February upgrades to the web authorization tool are intended to improve the guideline selection and documentation process for web authorization requests. A few of the changes that will be implemented include; removal of the “No Guideline” option. The initial free-form text box will no longer be available. **All** authorizations submitted online will have the MCG (formerly Milliman Care Guidelines) criteria applied. Guidelines with a sticky note option will allow you to add clinical notes. You will be able to choose and/or change a primary diagnosis by selecting a radio button. You will also see guidelines that include a “...”, which indicates there is additional information that can be accessed upon clicking the guideline.

Musculoskeletal Program coding changes

The following musculoskeletal (MSK) CPT® codes have been updated for BlueAdvantage and Commercial plans.

- New codes that require prior authorization for joint surgery: 23333, 23334, and 23335
- Deleted codes no longer used for joint surgery: 23331 and 23332

- Please note descriptions have been modified for the following codes: 23077, 23078, 27049, 27059, 27329, and 27364

Before submitting prior authorization requests to the BlueCross BlueShield of Tennessee Musculoskeletal Program (administered by Triad Healthcare), please verify member benefits and eligibility via BlueAccess®, the secure area on the company website or by calling the Provider Service line[†].

Submit prior authorization requests via fax to 1-800-520-8045 or through BlueAccess. The MSK/Triad code must be the primary CPT® code for requests.

Plain language

Plain language 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/>>.

Provider reference numbers

Beginning in 2014, BlueCross BlueShield of Tennessee's Utilization Management staff will provide reference numbers for all commercial and Medicare Advantage authorization requests. The reference numbers will serve as the provider's verification of notification to BlueCross of the intent to provide service and will assist providers when calling Utilization Management or using the provider self-service features.

The reference number is not a confirmation of benefits, coverage or the determination of an authorization request and serves only as a tracking resource until a decision is rendered.

Quality focus: Heart month

In February, most people's thoughts turn to hearts...as in Valentines. This month, you can help us shift that focus toward having a healthy heart. BlueCross BlueShield of Tennessee encourages preventive screenings to ensure continued health and wellness within our member populations. Members will be receiving information in February about controlling high blood pressure, continuing on antihypertensive medications (ACE and ARBs) if prescribed, and managing their cholesterol.

We are asking for your help to reinforce these messages by talking with your patients about the importance of a healthy heart and the impact dietary or lifestyle changes may make for them. Adding a daily walk may help reduce stress and lower their blood pressure. They should also be aware of what medicines they are taking and the role they play in their heart health. Patients with diagnosed cardiovascular

conditions may not realize the importance of watching their cholesterol. Patients may be more likely to respond to suggestions from their physician so your assistance with this initiative is appreciated.

Prior authorization requests made by phone require new details up front

The fastest way to get a prior authorization request reviewed and approved is by submitting the request online at bcbst.com in the secure BlueAccess portal. Many requests submitted online are approved automatically – with no wait time for you.

Many providers prefer to call our automated phone system to gain authorization requests. Those providers may notice a few changes to the process beginning March 1, 2014. Having a few key details available up front will speed up the process, so it's important to be prepared.

When using the automated phone system you will be asked to enter your provider ID number, the facility ID number, the member ID number when you call for prior authorization. Once this information is recorded, you will be transferred to a representative who will assist you with the request.

Remember, entering this same information online through BlueAccess will provide you with a much faster response or approval from BlueCross. Get started today at www.bcbst.com/providers.

Screening, Brief Intervention and Referral to Treatment (SBIRT)

It is estimated that 20 percent of patients seen in family practice have substance abuse disorders

Screening, Brief Intervention and Referral to Treatment (SBIRT) for alcohol and substance abuse is a way to identify, and intervene with people who may be using substances in a harmful way. This can provide early intervention and treatment for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

Billing codes for structured screening and brief intervention services: 99408 and 99409

For referral assistance to specialty care call:

BlueCare Tennessee/CoverKids
1-800-367-3403

Commercial/Medicare Advantage
1-800-776-2466

Prior authorization process change for spine surgery

Beginning March 1, 2014, spine surgery prior authorization requests for BlueAdvantage members will be provided by BlueAdvantage Utilization Management. Prior authorization requests for these procedures can be submitted to BlueAdvantage Utilization Management by calling the BlueCross BlueShield of Tennessee Provider Service line† or via BlueAccess. BlueAdvantage prior authorization request forms will be available on the company website on March 1, as well as a list of CPT® codes that require prior authorization for the Musculoskeletal Program.

BlueCare Tennessee ADMINISTRATIVE

Behaviorally Effective Healthcare in Pediatrics (BEHIP) webinar

Do you need help managing behavioral health issues in your office? Would you like to increase your competence in the area of behavioral health? Join us for a short 30-minute webinar with additional time for *Questions and Answers* to learn more about the *Behaviorally Effective Healthcare in Pediatrics* (BEHIP) training program. Two webinar training sessions are offered on the TNAAP website on Thursday Feb. 13, 2014:

- 11 to 11:30 a.m. (CT), and
- 12:30 to 1 p.m. (CT)

For more information and to register for the BEHIP training, click the following link: [BEHIP Introductory Webinar](#).

Reminder: Epidural steroid injections

Consistent with the state's recently announced limits on epidural steroid injections, services for codes 62310, 62311, 62318, 62319, 64479, 64480, 64483, and 64484 are limited to three (3) in any period of six (6) consecutive months. The counts began with the first shot on or after Oct. 1, 2013. Prior authorization requirements for these injections also began on Oct. 1, 2013. **NOTE: The limit will NOT apply in conjunction with labor and delivery.**

All requests will be reviewed based on benefit limit as well as medical necessity criteria utilizing the appropriate guideline based on the procedure submitted.

Home health billing specifications

For home health, the billing week is defined as Monday through Sunday. A separate claim is required for each billing week. Each home health service requires a separate claim line item for each date of service in the billing week. Submission of more than one claim per week will result in denial of the second and subsequent claims for that service week. Providers should not bill private duty services with extended or intermittent nursing visits on the same day during the same benefit week. Therapies (OT, ST, and PT) are an exception to this rule.

Eligibility application process changed for TennCare

If you have a patient applying for TennCare, they will no longer apply through the Department Human Services (DHS), but will now apply

through the Health Insurance Marketplace. Applications are accepted online at www.healthcare.gov or by calling 1-800-318-2596.

Note: DHS still processes applications for food stamps, Presumptive Eligibility and other non-Medicaid programs.

On Jan. 1, 2014, the State of Tennessee opened the Tennessee Health Connection, a new service center to assist people with questions concerning the TennCare program, assist new enrollees with applying for the CHOICES program, and help members who have changes to address, name, income or the number of people in their households.

Tennessee Health Connection
PO Box 305240
Nashville, TN 37230-5240
Phone number: 1-855-259-0701
Fax number: 1-855-315-0669

BlueAdvantage ADMINISTRATIVE

High-risk medications: Glyburide and Amitriptyline

At BlueCross BlueShield of Tennessee, ensuring patient safety is one of our top priorities. High risk medications (HRM) are drugs that have potential clinical concerns when used in the elderly. In the November publication of BlueAlert, we discussed the clinical risks associated with promethazine. This month, we would like to shift the focus to glyburide and amitriptyline. Both these agents have high incidence of chronic use in our members.

When used in elderly patients, glyburide carries higher risk of prolonged hypoglycemia than

alternative sulfonylureas. Glimepiride or glipizide have lower risk of hypoglycemia in this population and may be considered as an alternative if appropriate.

Amitriptyline may induce stronger anticholinergic effects, confusion, and somnolence in the elderly. If clinically appropriate, nortriptyline, desipramine, or trazodone may be used as an alternative antidepressant.

You may receive a letter from us with a list of patient(s) from your practice who filled a prescription for glyburide or amitriptyline within the last 90 days. If appropriate, please consider whether there is a safer alternative for the patient(s). We recognize that physicians are in the best position to determine the right treatment regimen for the patient. We are excited to work with you to ensure optimal outcomes for your patient(s) and our member(s).

CoverTennessee ADMINISTRATIVE

Reminder: AccessTN changes

The AccessTN Board recently approved an extension of coverage for all current AccessTN members through April 30, 2014.

Effective May 1, 2014, AccessTN coverage will only be available for members that are below 100 percent of the Federal Poverty Level (FPL) and are also receiving premium assistance. AccessTN members have been notified of these changes.

*These changes will be included in the appropriate 4 Q 2013 or 1Q 2014 provider administration manual update. Until then, please use this communication to update your provider administration manual.

†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)

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

BlueCare Plus 1-800-299-1407

SelectCommunity 1-800-292-8196

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)