BlueCross BlueShield of Tennessee, Inc.
(Articles apply 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 www.bcbs.com/providers/mpm.shtml under the "Upcoming Medical Policies" link.

**Effective Feb. 8, 2015**
- Complementary and Alternative Medicine
- Chromosomal Microarray Testing for Evaluation of Early Pregnancy Loss

**Effective Feb. 18, 2015**
- Bevacizumab
- Pralatrexate

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

**NEW**

**New drugs added to commercial specialty pharmacy listing**
Beginning Jan. 1, 2015, 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:**
- Iluvien
- Treanda (PA)

**Self-administered via pharmacy benefit:**
- Harvoni (PA)
- Hyqvia (PA)
- Ofev (PA)
- Esbriet (PA)

**Note:** These effective dates also apply to BlueCare/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 www.bcbs.com/providers/UM_Guidelines.

**Effective Feb. 18, 2015**
- Transcatheter Permanent Occlusion or Embolization

**Note:** BlueCross BlueShield of Tennessee updates its web authorization forms on a quarterly basis. If the HCPCS code is not available now, it may be in the near future.

**What's Changing on the Prescription Drug List?**
Every year the Prescription Drug List is reviewed to determine changes based on a drug's effectiveness, safety and affordability. While many changes to the Prescription Drug List occur at the beginning of the year, formulary changes can occur at any time because of market changes such as:
- Release of new drugs to the market after FDA approval
- Removal of drugs from the market by the FDA
- Release of new generic drugs to the market

**ADMINISTRATIVE**

**REINDER: Electronic claim filing resources**
Beginning Jan. 1, 2015, we will begin executing the July 2013 electronic claims filing requirement pursuant to the BlueCross Minimum Practitioner Network Participation Criteria. To help providers achieve compliance with this requirement, BlueCross has several resources available to assist providers in making the transition to a fully-electronic submission environment:

**Corrected/Secondary Claims** – BlueCross accepts corrected and secondary claims electronically for institutional, professional, and dental claim types.

**Note:** BlueCross BlueShield of Tennessee updates its web authorization forms on a quarterly basis. If the HCPCS code is not available now, it may be in the near future.

**NEW PROVIDER NEWS FLASH JANUARY 2015**

eBusiness User Guide – Information on processes and reports used when filing EDI claims can be found here:


NEW Supplemental EDI Information – A new technical guide has been created to assist providers that must file additional details on certain types of services that require invoice data, drug data, or any sort of additional documentation. Also covered in this guide is the new PWK process for submitting attachments for electronic claims:

- Supplemental EDI Information: www.bcbs.com/docs/providers/Supplemental-EDI-Information.pdf
- PWK Fax Coversheet: www.bcbs.com/docs/providers/PWK-Coversheet.pdf

As always, our eBusiness Support team is ready to answer any questions you may have about electronic claims filing, BlueAccess, or any other topic related to our electronic offerings. Please contact us at (423) 535-5717†, if you need any assistance.

Have your patients received their flu shot?
The media recently released reports that this year’s flu vaccine will have lessened effectiveness than past vaccines. Please remind your patients that, even with this being true, flu shots are still their best defense against the flu and will lessen symptoms if they do get the flu. Member benefit information for the flu shot can be verified by calling the appropriate BlueCross BlueShield of Tennessee or BlueCard Provider Service line†.

IMPORTANT: TennCare drug safety alert to providers
The FDA is also conducting a safety review of codeine to determine if there are additional cases of inadvertent over dosage or death in children taking codeine, and if these adverse events occur during treatment of other kinds of pain, such as post-operative pain following other types of surgery or procedures.

The Problem
Codeine is an opioid pain reliever narcotic analgesic medication used to treat mild to moderate pain. When codeine is ingested it is converted to morphine in the liver by an enzyme called cytochrome P450 2D6 (CYP2D6). Some people have Deoxyribonucleic Acid (DNA) variations that make this enzyme more active, causing codeine to be converted to morphine faster and more completely than in other people. These “ultra-rapid metabolizers” are more likely to have higher than normal amounts of morphine in their blood after taking codeine. High levels of morphine can result in breathing difficulty, which may be fatal.

Some children may be at higher risk because of underlying diseases – having sleep apnea or other respiratory conditions. The estimated number of “ultra-rapid metabolizers” is 1 to 7 per 100 people, but may be as high as 28 per 100 people in some ethnic groups.

Health Care Professionals
Health care professionals should be aware of the risks of using codeine in children. Health professionals should consider prescribing alternative analgesics for post-operative pain control in children. There are several very good alternatives. It is also important to emphasize that all drugs have risks. Health care professionals should always weigh the benefits versus the risks before prescribing any medication.

REMINDER: Avoidance of antibiotic treatment in adults and children with respiratory conditions
BlueCross BlueShield of Tennessee is committed to providing physicians with important information that supports appropriate testing and antibiotic use. This quality improvement initiative focuses on the avoidance of antibiotic treatment in children and adults with the following respiratory conditions:

- Children (ages three (3) months to 18 years) with upper respiratory infection (URI)
- Children ages two (2) to 18 years with pharyngitis (CWP)

- Adults (ages 18 to 64 years) with acute bronchitis (AAB)

BlueCross would like to partner with our physicians on this important initiative. A team of BlueCross clinicians will be visiting various physician offices across the state to work collaboratively to improve quality measurements for antibiotic prescribing and decreasing antibiotic resistance.

Educational information to print and share with our Commercial, BlueCare Tennessee and CoverKids members is available on our company websites www.bcbs.com and bluecare.bcbs.com as well as on the Centers for Disease Control and Prevention (CDC) website at www.cdc.gov/getsmart.

Coding requirements
When billing for services rendered to BlueAdvantage™, BlueChoice (HMO)™, BlueCare Tennessee or BlueCare Plus (HMO SNP™) members, providers should refer to the most current federal, state, or other payer instructions for specific requirements applicable to the CMS 1500 professional and CMS 1450 facility health insurance claim forms. Medical/clinical codes including diagnoses and modifiers should be reported in accordance with the coding organization. Failure to follow the referenced instructions may result in claim returns or payment denials. Please refer to your contract with these lines of business for coding and reimbursement specifics if applicable.

Telemedicine Originating Site fee coding now available*
BlueCross BlueShield of Tennessee reimburses for services rendered via Telemedicine in accordance with Tennessee Telehealth mandate (TCA 56-7-10) effective Jan. 1, 2015. Qualifying codes for BlueCross Commercial and BlueAdvantage lines of business are consistent with The Centers for Medicare & Medicaid Services (CMS) and TennCare™ guidance. By filing claims for encounters rendered via Telemedicine, providers are attesting that said claims were rendered according to these rules and guidelines. This reimbursement may not apply to certain self-funded groups if telemedicine is listed as a coverage exclusion in their contract.

Beginning Jan. 1, 2015, Commercial and BlueAdvantage Originating Site practitioners may bill and receive a $20 flat fee payment for Q304 when the Originating Site practitioner is not affiliated with the Distant Site practitioner. For the Originating Site, code Q304 is allowed for each qualifying unit of service received via Telemedicine for professional claims only.
For Distant Site practitioners, the qualifying encounter code should include a GT modifier to indicate the service was delivered via Telemedicine.

In the event that CMS designates a replacement code for Q3014 or establishes a fee for Q3014 or its replacement code, BlueCross will utilize that new code reimbursement to replace the current $20 flat fee.

Q3014 billing will be audited and dollars recouped for billing outside policy and/or billing when no corresponding GT encounter is on file for the date of service. Medicare guidance is available on their website at www.cms.gov/Medicare/Medicare-General-Information/Telehealth.

**Weight assessment and counseling for nutrition and physical activity for children and adolescents**

Adults are not the only ones who need a fresh, healthy start to the new year. Childhood and adolescent obesity can unfortunately lead to negative health outcomes for life. Body Mass Index (BMI) percentile assessment and counseling for nutrition and physical activity is recommended yearly for children and adolescents 3 to 17 years of age to help keep them on track. Now is the perfect time to address weight and nutrition with your patients during their annual primary care physician (PCP) or OB/GYN visit. Here are some tips to make sure good nutrition and physical activity is part of the resolution for your patients and their parents:

- Discuss current nutritional status and activity behaviors.
- Provide nutritional and physical activity educational materials when necessary.
- Provide guidance for nutritional and physical activity recommendations.
- Consider weight or obesity counseling if necessary.

Completing these activities is an essential component of quality health care. Please remember to address these important topics with all your patients yearly. Early weight management interventions for children and adolescents will instill the positive behaviors needed for healthy outcomes as adults.

**REMEMBER: Skilled nursing facilities that provide lab testing**

Commercial, BlueCare and TennCareSelect Skilled Nursing Facility (SNF) contracts reimburse facilities a per diem rate that includes routine laboratory testing. BlueCross BlueShield of Tennessee considers all Clinical Lab Improvement Amendments (CLIA)-waived lab procedures to be routine. CMS maintains a list of CLIA-waived procedures that can be referenced at the following link: www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/waivetbl.pdf.

Non-routine lab procedures for Commercial members who are admitted to a contracted SNF should be billed by the contracted lab that performs the testing. Non-routine lab procedures for BlueCare and TennCareSelect members who are admitted to a contracted SNF should be billed by the contracted lab if the tests are listed on the Quest Exclusion List. Non-routine BlueCare and TennCareSelect lab procedures that are not listed on the exclusion list should be sent to Quest. The exclusion list is available online at bluecare.bcbst.com/forms/Provider%20Information/Quest_Diagnostics-Exclusion_list.pdf.

* Contracted facilities should always use laboratories that are also contracted with BlueCross and/or BlueCare Tennessee.

**BlueCare Tennessee**

**Administrative**

**Prior authorization update for certain CPT® codes**

Beginning Feb. 1, 2015, the following CPT® codes will require prior authorization for BlueCare Tennessee members for Transcranial Magnetic Stimulation for Depression:

- 90867 - Therapeutic repetitive transcranial magnetic stimulation treatment; initial, including cortical mapping
- 90868 - Therapeutic repetitive transcranial magnetic stimulation treatment; sub delivery and management, per session
- 90869 - Therapeutic repetitive transcranial magnetic stimulation

**Welcome back Middle Grand Region providers**

BlueCare Tennessee is excited to once again be serving TennCare members in the Middle Grand Region. TennCare members that were transitioned to BlueCare Tennessee were assigned on Jan. 1, 2015.

To help with any questions related to the transition of these members, along with other information, Frequently Asked Questions (FAQs) are available on the BlueCare Tennessee website at bluecare.bcbst.com/forms/BlueCare-Statewide/Providers/Provider-Transitioning-FAQs.pdf or you can contact the BlueCare Tennessee Provider Service Line.1

**Prior authorization fax numbers updated for behavioral health services**

Behavioral health services, including all levels of care for inpatient, outpatient, residential, and crisis stabilization prior authorization requests, should be submitted via fax to 1-866 320-3800. Requests for Provider Initiated Notices should be submitted via fax to 1-800-859-2922. Prior authorization requests for behavioral health services can also be obtained by calling 1-888-423-0131 for BlueCare and 1-800-711-4104 for TennCareSelect.

Prior authorization requests for behavioral health service for CoverKids should continue to be submitted via fax to 1-800-2491 or by calling the Provider Service Line at 1-800-924-7141.

**Continued Focus on Improved Member Satisfaction and Care**

BlueCare Tennessee Quality Improvement Programs continue to focus on improving the satisfaction and care that our BlueCare, TennCareSelect and Cover Tennessee members receive from their doctors. The 2014 Adult CAHPS survey results indicate that BlueCare Tennessee providers are ranked below the 75th percentile nationally on questions related to how well doctors communicate.

The CAHPS survey tool measures our member’s perception of your communication with them through a series of four questions:

- How often did your personal doctor explain things in a way that was easy to understand?
- How often did your personal doctor listen carefully to you?
- How often did your personal doctor show respect for what you had to say?
- How often did your personal doctor spend enough time with you?
According to an article published by the Agency for Healthcare Research and Quality titled, *Training to Advance Physician’s Communication Skills*, communication can have a significant impact on health outcomes. This article cites a study conducted at the University of Kansas School of Medicine in Kansas City stating, “patients’ reports of their understanding of the post discharge information and instructions they had received was significantly less than what their doctors perceived. For example, while the physicians thought that 89 percent of the patients understood the potential side effects of their medications, only 57 percent of patients said that they understood.”

At BlueCare Tennessee, we share your belief that doctor-patient communication is a key factor to better health for our members. We want to assist you in reinforcing the important information you share with members. We have many educational materials available for use in your office, and we can also assist individual members through our case management and patient education programs.

An article published on April 12, 2013 by the Wall Street Journal titled *The Experts: How to Improve Doctor-Patient Communication* offered some proactive measures you and your office team can take to make sure you are communicating with your patients. These familiar tips include:

- **Look patients in the eye when talking with them**
- **Show empathy in your responses**
- **Improve your communication with fellow clinicians**
- **Listen more and talk less**
- **Be careful about making assumptions**

Asking patients to “explain back” instructions they have just received is another helpful way to be sure communication has been effective. For example, while the physicians thought that 89 percent of the patients understood the potential side effects of their medications, only 57 percent of patients said that they understood.”

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Asking patients to “explain back” instructions they have just received is another helpful way to be sure communication has been effective. We know that many of our members have multiple chronic conditions, and our population health programs can help them to better understand their conditions and treatment plans. Please refer members to us that you understand their conditions and treatment plans. Please keep in mind these important dates:

- **Early January – Members receive notification of provider’s non-participating status if BlueCross did not receive a signed contract back from the provider.**
- **Jan. 1, 2015 – Earliest network effective date. Providers from whom a contract was not received will begin receiving reimbursement at out-of-network rates.**

Contact your local Behavioral Health Provider Network Manager with any questions.

**BlueCare Plus (HMO SNP)**

**Primary Care Physician Member Roster**

BlueCare Plus offers a new Primary Care Physician (PCP) Member Roster available in BlueAccess at bluecareplus.bcbst.com. The report provides a listing of BlueCare Plus members for PCPs in the BlueCare Plus provider network. For questions, call our Provider Service Line, or for technical assistance please call eBusiness Technical Support at the phone numbers listed on the last page of this newsletter.

**Part B Hospice related services**

Claims submitted for BlueCare Plus members enrolled in hospice will be denied if not submitted with either GV (attending physician not employed or paid under arrangement by the member’s hospice provider) or GW modifier (service not related to the hospice patient’s terminal condition). If you have any questions, please call the Provider Service Line.

**Final data needed for the end of the Physician Quality Incentive Program**


Gaps in care can be closed by submitting data through:

1. Claims coding (the most effective and direct approach)
2. The Pay for Performance web tool (which you can log into through BlueAccess)
3. Patient Assessment Forms (PAFs)
4. Paper attestation forms
5. Medical records
Details about ways to submit data can be found in the Data Submission Resource Guide. If you have any other questions about the Physician Quality Incentive Program, check the Quality Care Rewards webpage or the Quality Bonus Program Resources webpage. If you can’t find the answer to your question on the website, please contact your local eBusiness marketer or the Service Center.

*These changes will be included in the appropriate 1Q 2015 provider administration manual update. Until then, please use this communication to update your provider administration manual.

Archived editions of BlueAlert are available online at www.bcbst.com/providers/newsletters.shtml.
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.

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<tr>
<th>Commercial Lines</th>
<th>1-800-924-7141</th>
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<td>AccessTN/Cover Kids</td>
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<td>TennCareSelect</td>
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<td>CHOICES</td>
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<td>BlueCare Plus™</td>
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<td>BlueChoice™</td>
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<td>SelectCommunity</td>
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<td>BlueCard</td>
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<td>Benefits &amp; Eligibility</td>
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<td>BlueAdvantage</td>
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<td>BlueAdvantage Group</td>
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<td>eBusiness Technical Support</td>
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