



Musculoskeletal (MSK) Program
QUICK REFERENCE GUIDE

Introduction

Prior-Authorizations may be submitted online through the web authorization forms, or you may fax the authorization request. The fax information is listed on the provider webpage shown below, and on BlueAccess Provider Main Menu.

Prior Authorization for MSK procedures includes the following categories:

- Pain Management
- Spinal Procedures
- Hip, Knee and Shoulder procedures
- Physical Medicine (Medicare Advantage only)
- Home Health Physical or Occupational Therapy

The list of procedures involved in the categories listed above may be found by clicking the link below:

<http://www.triadhealthcareinc.com/bcbst/>

Additional information on this program can be found on bcbst.com under our provider webpage in the Musculoskeletal Program section. To find this, click on the Utilization Management Resources link below.

Providers

BlueCross BlueShield of Tennessee is committed to helping our members have access to the highest quality networks of physicians, hospitals and other health care providers. We value the strategic partnerships we have with health care providers across the state and look forward to working with you to deliver the best medical value to our members.



Providers play an important role as our partner in improving the quality of care for our members.

QUALITY INITIATIVES



Click Utilization Management Resources

Quick Links

- [BlueAdvantage-PPO](#)
- [BlueCare Website](#)
- [Cover Tennessee](#)
- [Dental](#)



Helpful Tools & Information

- [Utilization Management Resources](#)
- [Reimbursement Rule Indicators](#)
- [BlueCard & Inter-Plan Programs](#)
- [Research Tools/Resources](#)

BlueAccess Login for Providers

BlueAccess allows you to access secure services including e-Health, FEP, Membership Rosters and more.

LOGIN NOW

Questions? 800-924-7141

Our provider support team is here to help!
Call Monday thru Friday, 8 a.m. - 5:15 p.m.

+ [BlueAccess Help for Providers](#)

eBusiness Tools & Resources

Access benefit and eligibility details, submit electronic claim transactions and much more – all to help reduce your administrative costs.

+ [Learn More](#)

Detailed information about the program may be found by either clicking the link below or by clicking on the Musculoskeletal Program link as shown in the screen print below.

<http://www.triadhealthcareinc.com/bcbst/>

[Get Insurance](#) | [Manage My Plan](#) | [Health & Wellness](#) | [Why Choose Blue?](#) | [Log In/Register to BlueAccess](#)

Shop for Plans

Individual & Family Plans

GO

[Things To Know About Health Care](#) [Find a Doctor](#)

Utilization Management Resources

[High Tech Imaging Program](#)

[Modified Utilization Management](#)

[Musculoskeletal Program](#)

Click Musculoskeletal Program for Triad information

- [Musculoskeletal Program Video Overview](#)
- [MSK Quick Reference Guide](#)
- [MSK Patient Quick Reference Guide](#)
- [FAQ](#)



How the Health Insurance Marketplace May Impact You

You already help your patients improve their health. Now you can help connect them to the Health Insurance Marketplace.

[Find out more about the Marketplace](#)

Blue Core System

BlueCross BlueShield of Tennessee's CAQH/CORE certified real-time benefits, eligibility and claim status system.



Clicking the Musculoskeletal Program link will open the Triad Health Care page as shown below.



Triad Musculoskeletal Program - Tennessee

Update January 23, 2013.

Effective February 1, 2013, the CT or MRI associated with the following joint arthrogram procedures (23350, 27093, 27095, 27370, G0259 and G0260) will also be authorized through the BCBST Musculoskeletal Program (administered by Triad Healthcare).

Pain Management, Spine and Joint surgery, Physical Medicine

Triad has partnered with Blue Cross Blue Shield of Tennessee (BCBST) to administer its prior authorization program for Pain Management, Spine and Joint surgery (limited to Knee, Hip and Shoulder) services for Commercial, Fully Insured, Medicare Advantage and PPO members. Triad will also administer a Physical Medicine program including Chiropractic, Physical and Occupational Therapy services for BCBST Medicare Advantage members only.

Arthrograms that include High Tech Imaging

As of 2/1/13, Triad will manage shoulder, hip and knee CT/MRI's when rendered in conjunction with joint arthrography. Please note when rendering High Tech Imaging procedures without joint arthrography you will continue to follow the existing prior authorization process for imaging.

[Click here for list of procedure codes](#)

Prior Authorization

Home Health Services

As of 12/01/2012 BCBST has elected to expand its current MSK program administered by Triad Healthcare to include Home Health Services delivered by Physical and Occupational Therapist. Please note any request for prior authorization for services need to be requested as Home Health Physical Therapy and/or Occupational Therapy and denote number of visits for each service requested.

Prior Authorization

Prior authorizations can be submitted electronically, with medical records, through BCBST BlueAccess® by clicking here: <https://www.bcbst.com/providers/> or faxed directly to Triad at 1-800-520-8045.

Home Health Prior authorization form can be accessed here: [Click here for the Home Health Prior Authorization Form.](#)

Please note: medical records must accompany all prior authorization requests.

Medical Policies

Triad Medical Policies can be accessed here: [Click here for medical policies](#)

Medical Policies

General Information

Customer Service: Triad's Customer Service number is 1-800-388-8978. Hours of Operation are Monday through Friday 8am-6pm EST.

Peer to Peer (P2P): If you wish to speak with a Clinical Peer at anytime, please call Triad's Customer Service at 1-800-388-8978 and a Representative can assist you.

Medical Policies

Triad Healthcare, Inc.'s medical policies are designed to properly address real-world medical scenarios within allied specialty healthcare. Our adherence to medical necessity permeates the manner in which we encourage providers to administer care.

Triad Medical Policies are developed by panels of multi-disciplinary provider specialists who form the Academic Advisory Committee (AAC) Medical Operations Committee (MOC) and the Medical Quality Improvement Committee (MQIC). In addition, Triad reviews current scientific literature which includes but is not limited to the following professional organizations and treatment guidelines:

- Academy of Orthopaedic Surgeons
- American Association of Neurological Surgeons
- North American Spine Society
- American College of Occupational and Environmental Medicine
- Official Disability Guidelines
- American Society of Interventional Pain Physicians
- American Pain Society
- American Academy of Physical Medicine and Rehabilitation
- Medicare Guidelines
- Cochrane Reviews

Each individual Triad Medical Policy has specific references attached.

Please click [here](#) to browse the Medical Policies.

Medical Policies

Medical Policies

Current Policies

Upcoming Policies

Archived Policies

Current Policies

Upcoming Policies

Archived Policies

Please click the links below to open or save the desired document.

Current Policies

Current Policies

- TMMP 002 - Condition_Diagnoses Severity Adjusting
- TMMP 003 - Frequency of Care
- TMMP 009 - Episodic Management of Chronic Musculoskel Pain - Physical Medicine
- TMMP 010 - Use of Passive and Active Care
- TMMP 011 - Use of Spinal Mobilization_Manipulation
- TMMP 012 - Use of Non-Spinal_Extremity Mobilization_Manipulation
- TMMP 013 - Use of Adjunctive Modalities and_or Therapeutic Procedures
- TMMP 015 - Minimal Clinical Progress_Improvement
- TMMP 017 - Contraindications to Care
- TMMP 018 - Medical Necessity
- TMMP 019 - Evaluation and Management Services New Patient
- TMMP 020 - Evaluation and Management Services Established Patient
- TMMP 021 - Concurrent Evaluation and Management Services
- TMMP 025 - Use of Electrodiagnostic Testing
- TMMP 026 - Durable Medical Equipment
- TMMP 029 - Use of Radiographic Examinations
- TMMP 031 - Coding and Reporting CMT
- TMMP 032 - Exploratory or Confirmatory Diagnostic Evaluation
- TMMP 036 - Treatment of Asymptomatic Abnormal Spinal Curvatures
- TMMP 100 - Application of Hot or Cold Packs
- TMMP 101 - Traction - Mechanical
- TMMP 102 - Electrical Stimulation Therapy - Unattended
- TMMP 103 - Vasopneumatic Devices
- TMMP 104 - Paraffin Bath Therapy
- TMMP 105 - Whirlpool Therapy

Contact Information:

Clinical Staff Contact:

Beverly West, RN, MBA, Manager of Condition Management, BlueCross BlueShield of Tennessee
Phone: (423) 535-3523
Email: Beverly_West@bcbst.com

Triad Customer Service
Phone: (800) 388-8978

Triad Peer to Peer
Phone: (800) 388-8978

eBusiness Solutions Staff Contacts:

West Tennessee
Debbie Angner
(901) 544-2285
Debbie_Angner@bcbst.com

Middle Tennessee
Faye Mangold
(423) 535-2750
Faye_Mangold@bcbst.com

East Tennessee
Faith Daniel
(423) 535-6796
Faith_Daniel@bcbst.com

Service Center – technical issues or general questions

(423) 535-5717, Option 2

Monday – Thursday

8 a.m. – 5:15 p.m. ET

Friday

9 a.m. – 5:15 p.m. ET

Please contact your eBusiness Marketing Representative for all of your BlueAccess registration and training needs.

Note: To begin, open your internet browser and go to <http://www.bcbst.com/providers/>

You may want to bookmark this page because this is the provider webpage. Here you will find helpful information about the Musculoskeletal Program as well as other resources.

Scenario 1: The member used in the first scenario is fully insured. This authorization will be handled by Triad. The steps in this scenario shows all the steps involved in sending an authorization request to Triad.

Step 1: Click the + button to expand the Log In/Registration field.

Step 2: Enter User ID & Password and click the “log in” button to enter BlueAccess your secure provider portal.

Note: If you do not have a User ID & Password, contact your eBusiness Marketing Representative or Service Center for personal assistance with registration and/or training.

The screenshot shows the provider portal interface. At the top left is the BlueCross BlueShield of Tennessee logo. A search bar is at the top right. Below the logo are navigation links: "Get Insurance", "Manage My Plan", "Health Services", and "My eBusiness Plan". A "Log In/Register to BlueAccess" link with a plus icon is highlighted by an orange callout box labeled "Step 1: Click + To Expand Log In Section". Below this is a large banner with the text "You+Blue™ Care Coordination at its Finest. Together, we're improving patient care." and an image of a doctor. Another orange callout box labeled "Step 2: Enter User Name/ Password" points to the "Log In/Register to BlueAccess" link. Below the banner is a "Shop for Plans" section with a dropdown menu set to "Individual & Family Plans" and a "GO" button. To the right of the banner is a login form with fields for "User ID" and "Password", a "REMEMBER ME" checkbox, and a "LOG IN" button. Below the login form are links for "Forgot / Reset Password" and "Register Now". The main content area is titled "Providers" and includes a paragraph about BlueCross BlueShield's commitment to quality care. Below this is a "QUALITY INITIATIVES" section with an image of surgeons and the text "Providers play an important role as our partner in improving the quality of care for our members." To the right is a "BlueAccess Login for Providers" section with a "LOGIN NOW" button. Below that is a "Questions? 800-924-7141" section with contact information and a link to "BlueAccess Help for Providers". At the bottom left is a "Quick Links" section with a list of links: BlueAdvantage-PPO, BlueCare Website, Cover Tennessee, Dental, Forms, Commercial Codes, Contracting & Credentialing, and Provider Manuals. To the right is a "Helpful Tools & Information" section with a list of links: Utilization Management Resources, Reimbursement Rule Indicators, BlueCard & Inter-Plan Programs, Research Tools/Resources, and State of Tennessee Public Sector Health Plans. At the bottom right is a "Blue Core System" section.

You are now on the BlueAccess Provider Main Menu.

BlueAccess for Providers

Quick Jump » [e-Health Services](#) [Additional Provider Services](#) [Account Management](#)

e-Health Services @

[Service Center](#)

- [Prior-Authorization Quick Reference Guide](#) PDF
- [Specialty Pharmacy Quick Reference Guide](#) PDF
- [Web Authorization Quick Reference Guide](#) PDF
- [Milliman Care Guidelines](#) Disclaimer

+ More

BlueCard / FEP

Coverage, eligibility & claims status inquiries for out-of-state BCBS & FEP plans.

[Electronic Provider Access \(EPA\) Out-of-Area Pre-service Review](#)

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BCBST Musculoskeletal Program

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Provider Initiated Notice

Service for behavioral health providers to submit Provider Initiated Notice Adverse Action Forms and retrieve denial letters from PIN submissions.

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Real Time Claim Estimation/Adjudication

Submit your claim submission & claim estimation to gain real time claim status and liability for Commercial, BlueCare/TennCare Select and Advantage.

[View tutorial](#) PDF

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CHOICES

TennCare CHOICES in Long-Term Care is TennCare's program for long-term care services.

Notice »

The CHOICES web claim application has been recently upgraded with minor claim form changes. If you experience any difficulties with the updated layout please contact eBusiness Solutions at ebusiness_service@bcbst.com or by phone at (423) 535-5717, opt 2.

+ More

BCBST Musculoskeletal Program

Medical Record submission requirement for prior authorizations has been delayed until April 23, 2012.

Effective April 23, 2012 medical record submission will be required for prior authorization request through the Musculoskeletal Program.

Effective March 15, 2012, BlueCrossBlueShield of Tennessee will begin requiring prior authorization for the following musculoskeletal procedures for both commercial fully-insured and MedAdvantage ppo plans.

- Pain Management
- Spinal Surgery
- Joint Surgery (Hip, Knee & Shoulder)
- Physical Medicine (Med)

Please note medical records must be submitted for initial authorization review. If you need to request prior authorization for the BCBST Musculoskeletal Program [Click Here](#) OR you can call (800-388-8978) or Fax to (800-520-8045)

[Musculoskeletal Program Video Overview](#) VIDEO

[FAQ](#) PDF

[MSK Quick Reference Guide](#) PDF

[MSK Patient Quick Reference](#) PDF

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 **My Messages (1)**
[Compose](#)
[Message Center Quick Reference Guide](#)

Additional Information

- + [Log Out](#)
- + [BlueAccess FAQs](#)
- + [Scheduled Maintenance Times](#)

BlueAlert Newsletter

Click on MSK Program title bar to see status of all Triad submissions

Option: Or, "Click Here" to begin

Option: "Click Here" to begin authorization

BCBST Musculoskeletal Program

Note: Clicking the BCBST Musculoskeletal Program title bar will provide you with a status of all prior-authorizations submitted to Triad.

You can begin the authorization process by either clicking on the "Click Here" link that is located in the MSK Program section, or you may go through the Service Center section at the top left of the provider main menu. Both options are noted in the screen print above.

Regardless of which method you selected on the previous screen, you will go to the e-Health Services screen. Here you can verify eligibility and benefits through the Patient Inquiry section. You may check the status of a claim through the Claim Center, and you may begin your authorization process by selecting the Authorization / Advance Determination Submission section.

Step 3: Select Authorization / Advance Determination Submission as shown below.

The screenshot displays the e-Health Services interface. On the left, a navigation menu lists various services, with 'Authorization / Advance Determination Submission...' highlighted. An orange callout box with white text points to this menu item, stating: 'Step 3: Select Authorization/ Advance Determination Submission'. The main content area features a message: 'This is an Outpatient Notification/Authorization/Advance Determination for: No patient has been selected for this Outpatient Notification/Authorization/Advance Determination'. Below this message is a form with the following fields and buttons:

- Enter Requested Date of Service :** A date input field with a calendar icon and the format '(MM/DD/YYYY)'.
To select a patient, search by ID number:
- Patient ID** followed by two input fields.
- Search** button.

At the top right of the page, it says 'You are logged in as: fadaniel1102 | [Help](#) | [Main Menu](#)'. A 'Print this page' link is also visible.

Step 4: Select the Authorization Form. Typically, the form for this program is a 23-Hour Observation or Outpatient Surgical Procedure.

Note: The Outpatient Surgical Procedure form is unavailable at this time for BlueAdvantage members. If you need to submit an outpatient MSK prior authorization, please fax it to Triad at (800) 520-8045.

Step 5: Enter requested date of service.

Step 6: Enter patient ID and then click the “Search” button.

Note: After clicking on “Search,” the patient information will be displayed in the left section of the screen.

Step 7: Click “Continue” to proceed.

The screenshot shows a web application interface for submitting an outpatient surgical procedure. The page title is "Submit Outpatient Surgical Procedure" and it includes a "Print this page" link. The main heading is "Enter the Patient". A red warning message states: "If your request is regarding an urgent concurrent review or emergent admission, outside the normal business hours (Monday-Thursday 9am-6pm, Friday and day before a holiday 9am-4pm), and you need an immediate response, please submit these requests via phone at [redacted]. Requests submitted after 5pm will be reviewed the next business day. This applies to all LOBs except BlueC..."

Below the warning, there are two main sections. The left section, titled "This is an Outpatient Notification/Authorization/Advance", displays patient information for CHRIS B HALL. The right section, titled "Enter Requested Date of Service:", contains a date input field with "11/22/2013" and a "Search" button. Below the date field, it says "To select a patient, search by ID number" and shows a "Patient ID" input field with "902218823".

At the bottom of the form, there are "Reset", "Cancel", and "Continue >" buttons.

Instructional callouts are overlaid on the screenshot:

- Step 4: Select Auth Form** points to the "Outpatient Surgical Procedure" option in the left sidebar.
- Step 5: Enter requested date of service** points to the date input field.
- Step 6: Enter Patient ID and then click "Search"** points to the "Patient ID" input field and the "Search" button.
- Patient Information is displayed in this section** points to the patient details on the left.
- Step 7: Click Continue** points to the "Continue >" button.

Field	Value
Member ID	902218823-0
Group ID	100000
Birth Date	08/06/1960
Age	53
Address	100 CAMERON HILL CIR. CHATTANOOGA TN 37402
Phone	(423) 535-3060
Eligible	Yes

Step 8: Complete the web form.

Note: Under Treatment Type, you will most likely select Medical or Surgical as the appropriate type of care.

Important: When multiple procedure codes are involved, always enter the MSK code listed on the Triad site as the primary code. Additional codes may be listed in the notes section at the bottom of the form.

Step 9: Click “Continue” to proceed.

Enter the Requested Services

Admitting/Service Provider
Provider ID * 11111111 Provider has not been selected.

Admitting Facility
Facility ID 11111111 Facility has not been selected.

Service Information
Requested Date of Service* 11/22/2013
Place of Service* Outpatient Hospital
Type of Care* Elective
Treatment type* Surgical

Diagnosis Codes
ICD Code Type: ICD-9 ICD-10
ICD Code (No Decimals) Description
* V454 Postsurgical status of arthrodesis

Procedure Codes
Enter only the 5-digit procedure code; do not enter any modifiers.
Code Description
* 22532 Arthrodesis, lateral extracavitary, including minimal discectomy

Apply Medical Criteria
(You may choose to apply the medical criteria for a possible on-line approval. If you chose to skip medical criteria the authorization will be pending for review and someone will contact you with a decision.)
 Yes, I would like to apply the medical criteria No, I would like to skip the medical criteria and Pend for ECBST Nurse Review

Notes
Contact Name * TestName
Provider Phone * 1111111111
Facility Phone * 2222222222 Utilization Management/Case Management Department
Contact Fax * 3333333333
Submitting From * Facility Physician's Office

COMORBIDITIES::
DISCHARGE PLANNING::
ADDITIONAL PERTINENT CLINICAL(Ex: V/S, Abnormal labs, test re

Step 8: Complete Form

Step 9: Click Continue

Reset < Back Cancel Continue >

The Summary page allows you to review all of the criteria entered. If everything is correct, click on the “Continue” button to proceed.

Submit a 23 Hour Observation Notification/Authorization/Advance Determination

Select Patient Select Providers/ Requested Services **Summary** Apply Milliman Criteria Confirmation

e-Health Services

Home
Patient Inquiry
Claim Center
Authorization / Advance Determination Submission
Inpatient Confinement
23 Hour Observation
Outpatient Surgical Procedure
Specialty Pharmacy
Global Obstetrics (OB)
Vanderbilt Diabetic Center of Excellence
Home Health Services
Clinical Update

Authorization / Advance Determination Inquiry...
Track Requests
Demos, Tutorials & FAQ
Network Directory Search
Contact Us
Disclaimer

Review the 23 Hour Observation Notification/Authorization/Advance Determination summary

Disclaimer: Authorization is not a guarantee of benefits or coverage. Individual policies may have exclusions, riders and pre-existing requirements. You need to verify with the customer service area if this individual is covered for this particular diagnosis/condition and treatment under this individual's policy.

Patient Information

Patient Name: CHRIS B HALL
Patient ID: 902218823-0
Date of Birth: 08/06/1959
Group Name: Chris B Hall Enterprises

Address: 1 CAMERON HILL CIR
CHATTANOOGA TN 374029815
Phone: (423) 535-5912

Requesting/Servicing Provider

Provider Name: Daniel, Faith
Provider ID: 1234567
Network Status: In Network

Provider Address: One Cameron Hill Circle
Chattanooga TN 37403
Phone: (423) 267-6796
Fax: (423) 265-6555

Servicing Facility

Facility Name: Medical Center
Facility ID: 1234567
Network Status: In Network

Facility Address: 481 Interstate Dr
Chattanooga TN 37355
Phone: (931) 123-4567
Fax: (931) 123-4555

Requested Services Information

Requested Date of Service: 04/12/2012
Type of Care: Elective
Treatment Type: Surgical

Diagnosis Codes (ICD-9)

72403 Spinal stenosis, other than cervical; Lumbar region, with neurogenic claudication

Procedure Code (CPT-4)

22102 Partial excision of posterior vertebral component; lumbar

Confinement/Service Information

Requested Admission Date: 03/15/2012
Requested LOS: 0
Type of Care: Elective

Place of Service: Outpatient Hospital
Treatment Type: Surgical

Diagnosis Codes (ICD-9)

72403 Spinal stenosis, other than cervical; Lumbar region, with neurogenic claudication

Procedure Code (CPT-4)

22532 Arthrodesis, lateral extracavitary, including minimal discectomy to prepare interspace

Notes

Contact Name: Tester
Provider Phone: (423) 565-5633
Facility Phone: (423) 535-5555
Contact Fax: (423) 535-5556
Submitting From: Physician's Office
COMORBIDITIES:: DISCHARGE PLANNING:: ADDITIONAL PERTINENT CLINICAL(EX: V/S, Abnormal labs, te results, and/or all clinical for date(s) of service to support request)::

Step 10: Click Continue

< Back Cancel Continue >

Welcome to eHealth Services Trusted sites 100%

Note: After clicking on the continue button, you will be redirected to Triad Healthcare's secure website. Here you can complete your authorization for your fully insured or BlueAdvantage member.

Note: You may view the BlueCross Musculoskeletal Clinical Criteria by clicking on the link shown below.



[Musculoskeletal Clinical Criteria](#)

Provider ID	0081755
Member ID	902218823-00
Date of Service	02/28/2013
Facility ID	1000042
Site of Service	OutPatient
Place of Service	Outpatient Hospital
Provider Phone	999999999
Contact Fax	999999999
Diagnosis Code	83501
Procedure Code	29860

BCBST Musculoskeletal Clinical Criteria

The MSK Clinical Criteria is displayed below.



Blue Cross BlueShield of Tennessee MSK Clinical Criteria

The following clinical criteria have been developed by BlueCross BlueShield of Tennessee for use by its Participating Providers. BlueCross BlueShield of Tennessee Participating Providers may not copy or re-distribute the criteria or their content. The criteria have been provided at the request of many physicians and offices. These checklists are not a substitute for medical records and medical records are required for prior-authorization.

- [Acromioplasty Rotator Cuff Repair](#)
- [Arthrography MR](#)
- [Bankart Lesion Repair Open Arthroscopic](#)
- [Cervical Discectomy Microdiscectomy Foraminotomy Laminotomy](#)
- [Cervical Fusion Anterior](#)
- [Cervical Fusion Posterior](#)
- [Cervical Laminectomy](#)
- [Facet Neurotomy](#)
- [Hip Arthroplasty](#)
- [Hip Arthroscopy](#)
- [Hip Core Decompression Femoral Head](#)
- [Hip Displaced Fracture Femoral Neck Hemiarthroplasty](#)
- [Knee Arthroplasty](#)
- [Knee Arthroscopy](#)
- [Knee Arthrotomy](#)
- [Lumbar Discectomy Foraminotomy Laminotomy](#)
- [Lumbar Fusion](#)
- [Lumbar Laminectomy](#)
- [Nerve Block Lumbar Sympathetic](#)
- [Nerve Block Stellate Ganglion](#)
- [Shoulder Arthroplasty](#)
- [Shoulder Hemiarthroplasty](#)
- [Slipped Upper Femoral Epiphysis Closed Reduction](#)
- [Spine Scoliosis Posterior Instrumentation](#)

Scenario 2: The member in the second scenario is a state of Tennessee member. These authorizations will be handled by BlueCross. This scenario shows all the steps involved in sending an authorization request to BlueCross.

Step 1: Click the + button to expand the Log In/Registration field.

Step 2: Enter User ID & Password and click the “log in” button to access the secure provider portal called BlueAccess.

Note: If you do not have a User ID & Password, contact your eBusiness Marketing Representative or Service Center for personal assistance with registration and/or training.

Step 1: Click + To Expand Log in Section

Step 2: Enter User Name/ Password

BlueCross of Tennessee

EMPLOYERS | PROVIDERS | BROKERS | Contact Us

Get Insurance | Manage My Plan | Health & Wellness | Why Choose Blue? | + Log In/Register to BlueAccess

You+Blue™
Care Coordination at its Finest.
Together, we're improving patient care.

Shop for Plans Individual & Family Plans GO + Things To Know

REMEMBER ME LOG IN

Home > Providers

Providers

BlueCross BlueShield of Tennessee is committed to helping our members have access to the highest quality networks of physicians, hospitals and other health care providers. We value the strategic partnerships we have with health care providers across the state and look forward to working with you to deliver the best medical value to our members.

Providers play an important role as our partner in improving the quality of care for our members.

QUALITY INITIATIVES

Quick Links

- BlueAdvantage-PPO
- BlueCare Website
- Cover Tennessee
- Dental
- Forms
- Commercial Codes
- Contracting & Credentialing
- Provider Manuals

Helpful Tools & Information

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- Research Tools/Resources
- State of Tennessee Public Sector Health Plans

Forgot / Reset Password
Register Now

services including e-Health, HEP, Membership Rosters and more.

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+ Learn More

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Quick Jump » [e-Health Services](#) [Additional Provider Services](#) [Account Management](#)

e-Health Services®

[Service Center](#)

- [Prior-Authorization](#) PDF
 - [Specialty Pharmacy Quick Reference Guide](#) PDF
 - [Web Authorization Quick Reference Guide](#) PDF
 - [Milliman Care Guidelines® Disclaimer](#)
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BCBST Musculoskeletal Program

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Provider Initiated Notice

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Real Time Claim Estimation/Adjudication

Submit your claim submission & claim estimation to gain real time liability for Commercial, BlueCare/TennCare Select and Advantage.

[View tutorial](#) PDF

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CHOICES

TennCare CHOICES in Long-Term Care is TennCare's program for long-term care services.

Notice »

The CHOICES web claim application has been recently upgraded with minor claim form changes. If you experience any difficulties with the updated layout please contact eBusiness Solutions at ebusiness_service@bcbst.com or by phone at (423) 535-5717, opt 2.

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BCBST Musculoskeletal Program

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- Physical Medicine (Med)

Please note medical records must be submitted for initial authorization review. If you need prior authorization for the BCBST Musculoskeletal Program [Click Here](#). OR you can call (800-388-8978) or Fax to (800-520-8045)

[Musculoskeletal Program Video Overview](#) VIDEO

[FAQ](#) PDF

[MSK Quick Reference Guide](#) PDF

[MSK Patient Quick Reference](#) PDF

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 **My Messages (1)**
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Additional Information

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- [+ BlueAccess FAQs](#)
- [+ Scheduled Maintenance Times](#)

BlueAlert Newsletter

Click on MSK Program title bar to see status of all Triad submissions

Option: Or, "Click Here" to begin

Regardless of which method you selected in the previous screen, you will go to the e-Health Services screen. Here you can verify eligibility and benefits through the Patient Inquiry section. You may check the status of a claim through the Claim Center, and you may begin your authorization process by selecting the Authorization / Advance Determination Submission section.

Step 3: Select Authorization / Advance Determination Submission.

The screenshot displays the 'Submit Outpatient Surgical Procedure' web application. The top right corner shows the user is logged in as 'fadaniel1102' with links for 'Help' and 'Main Menu'. The page title is 'Submit Outpatient Surgical Procedure' with a 'Print this page' link. The left navigation menu includes 'e-Health Services', 'Home', 'Patient Inquiry', 'Claim Center', 'Authorization / Advance Determination Submission...', 'Inpatient Confinement', '23 Hour Observation', 'Outpatient Surgical Procedure', 'Specialty Pharmacy', 'Global Obstetrics (OB)', 'Vanderbilt Diabetic Center of Excellence', and 'Home Health Services'. The main content area is titled 'Enter the Patient' and contains a form with the following fields and instructions:

- Notification/Authorization/Advance Determination for:** A dropdown menu with the text 'No patient has been selected for this Outpatient Notification/Authorization/Advance Determination'.
- Enter Requested Date of Service :** A date input field with a calendar icon and the format '(MM/DD/YYYY)'.
- To select a patient, search by ID number:** A section with 'Patient ID' followed by two input fields and a 'Search' button.

An orange callout box with white text is overlaid on the page, stating: **Step 3: Select Authorization/ Advance Determination Submission**. In the background, there is a red warning message: 'Current review or emergent admission, outside the normal business hours before a holiday 9am-4pm, and you need an immediate response, please call 615-7141. Otherwise, your request will be reviewed the next business day.'

Step 4: Select the Authorization Form. Typically, the form for this program is abe 23-Hour Observation or Outpatient Surgical Procedure.

Note: The Outpatient Surgical Procedure form is unavailable at this time for BlueAdvantage members. If you need to submit an outpatient MSK prior authorization, please fax it to Triad at (800) 520-8045.

Step 5: Enter requested date of service.

Step 6: Enter patient ID and then click the “Search” button.

Note: After clicking on “Search,” the patient information will be displayed in the left section of the screen.

Step 7: Click “Continue” to proceed.

The screenshot shows a web application interface for submitting an outpatient surgical procedure. The page title is "Submit Outpatient Surgical Procedure" and includes a "Print this page" link. The main heading is "Enter the Patient". A red warning message states: "If your request is regarding an urgent concurrent review or emergent admission, outside the normal business hours (Monday-Thursday 9am-6pm, Friday and day before a holiday 9am-4pm), and you need an immediate response, please submit these requests via phone at 1-800-924-7141. Otherwise, your request will be reviewed the next business day. This applies to all LOBs except BlueCare/TennCare Select." Below this, a section titled "This is an Outpatient Notification/Authorization" contains a form with the following fields: Name (CHRIS E...), Member ID (902218823-0), Group ID (100000), Birth Date (08/06/1960), Age (53), Address (100 CAMERON HILL CIR, CHATTANOOGA TN 37402), Phone ((423) 535-3060), and Eligible (Yes). To the right of the form, there is a "Requested Date of Service" field with a date picker set to 11/22/2013 (MM/DD/YYYY). Below that is a search section: "To select a patient, search by ID number:" with a "Patient ID" input field containing 902218823 and a "Search" button. At the bottom of the form are "Reset", "Cancel", and "Continue >" buttons. A left sidebar contains a menu with "Authorization / Advance Determination" selected. Four orange callout boxes provide instructions: "Step 4: Select Auth Form" points to the sidebar menu; "Step 5: Enter requested date of service" points to the date picker; "Step 6: Enter Patient ID and then click 'Search'" points to the search section; and "Step 7: Click Continue" points to the "Continue >" button. A blue callout box states "Patient Information is displayed in this section" pointing to the patient details table.

This is an Outpatient Notification/Authorization	
Name	CHRIS E...
Member ID	902218823-0
Group ID	100000
Birth Date	08/06/1960
Age	53
Address	100 CAMERON HILL CIR, CHATTANOOGA TN 37402
Phone	(423) 535-3060
Eligible	Yes

Step 8: Complete the web form.

Note: Under Treatment Type, you will most likely select Medical or Surgical as the appropriate type of care.

Important: When multiple procedure codes are involved, always enter the MSK code listed on the Triad site as the primary code. Additional codes may be listed in the notes section at the bottom of the form.

Step 9: Click "Continue" to proceed.

The screenshot shows a web form titled "Enter the Requested Services" with a left-hand navigation menu. The form is divided into several sections:

- Admitting/Servicing Provider:** Provider ID * 1111111. A message states "Provider has not been selected."
- Admitting Facility:** Facility ID 1111111. A message states "Facility has not been selected."
- Service Information:** Requested Date of Service* 11/22/2013. Place of Service: Outpatient Hospital. Type of Care*: Elective. Treatment type*: Surgical.
- Diagnosis Codes:** ICD Code Type: ICD-9 ICD-10. A table lists ICD codes and descriptions, with the first entry being V454 and "Postsurgical status of arthrodesis".
- Procedure Codes:** A table lists procedure codes and descriptions, with the first entry being 22532 and "Arthrodesis, lateral extracavitary, including minimal diskectomy to".
- Apply Medical Criteria:** A checkbox labeled "Yes, I would like to apply the medical criteria" is checked. A message states: "(You may choose to apply the medical criteria for a possible on-line approval. If you chose to skip medical criteria the authorization will be pended for review and someone will contact you with a decision.)"
- Notes:** Contact Name * Test Name. Provider Phone * 1111111111. Facility Phone * 2222222222. Contact Fax * 3333333333. Submitting From * Facility Physician's Office.
- Additional Fields:** COMORBIDITIES::, DISCHARGE PLANNING::, and ADDITIONAL PERTINENT CLINICAL(Ex: V/S, Abnormal labs, test results, and/o).

At the bottom of the form are buttons for "Reset", "< Back", "Cancel", and "Continue >".

Step 8: Complete Form (Annotation pointing to the Service Information section)

Step 9: Click Continue (Annotation pointing to the Continue button)

Step 15: The Milliman Criteria summary is displayed after all questions have been answered. If everything looks accurate, then click “Continue.”

Note: If you need to go back to the beginning of the Apply Milliman Criteria screens to revise any of your responses, click the “Restart” button.

Submit a Outpatient Notification/Authorization/Advance Determination

Progress bar: Select Patient, Select Providers/ Requested Services, Summary, **Apply Milliman Criteria**, Confirmation

Milliman Criteria Summary: Lumbar Laminectomy - Adult

Question 1
Does the patient show,
Treatment of neural compression indicated by the following:
Positive imaging findings of lumbar disease
 Progressive or severe neurologic findings consistent with neural compression that correlate with imaging findings

Question 2
Does the patient show,
Cauda equina syndrome treatment needed as indicated by the following:
Bowel Dysfunction
Bladder dysfunction
Saddle anesthesia
 Bilateral lower extremity neurologic abnormalities

Question 3
Does the patient show,
Spinal stenosis treatment needed as indicated by the following:
 Progressive or severe symptoms of neurogenic claudication

Buttons: Re-start, Cancel, **Continue >**

Step 15: Click Continue

Footer: Welcome to e-Health Services, Trusted sites, 100%

Note: The screen print below is your confirmation page. The authorization reference ID for submission is displayed. If the authorization was not automatically approved, you will receive a confirmation number showing your pending authorization request. BlueCross will respond to you within 24 hours.

If you would like to make any updates to the authorization, you may do so in the Clinical Update section.

Submit a Outpatient Notification/Authorization/Advance Determination

Select Patient Select Providers/Requested Services Summary Apply Milliman Criteria **Confirmation**

Your Outpatient Notification/Authorization/Advance Determination submission has been accepted and approved. You will receive written notification about this decision. Your Reference ID for this submission is **120760001**.

Review and print the Outpatient Notification/Authorization/Advance Determination

Disclaimer: Authorization is not a guarantee of benefits or coverage. It is subject to the terms, conditions, exclusions, limitations, co-payments, deductibles and pre-existing conditions of the policy. You need to verify with the customer service representative that the requested services are covered under this individual's policy.

Authorization Confirmation

Patient Information

Patient Name:	Chris Hall	Address:	
Patient ID:	123456789	Phone:	
Date of Birth:	11/02/1982		
Group Name:	ABC Group		

Admitting/Serviceing Provider

Provider Name:		Provider Address:	
Provider ID:		Phone:	
Network Status:	In Network	Fax:	

Requested Services Information

Requested Date of Service:	03/16/2012	Facility Address:	
Type of Care:	Elective	Phone:	
Treatment Type:	Surgical	Fax:	

Diagnosis Codes (ICD-9)

72403 Spinal stenosis, other than cervical; Lumbar region, with neurogenic claudication

Clinical Update

e-Health Services

- Home
- Patient Inquiry
- Claim Center
- Authorization / Advance Determination Submission**
- Inpatient Confinement
- 23 Hour Observation
- Outpatient Surgical Procedure
- Specialty Pharmacy
- Global Obstetrics (OB)
- Vanderbilt Diabetic Center of Excellence
- Home Health Services
- Clinical Update
- Authorization / Advance Determination Inquiry...
- Track Requests
- Demos, Tutorials & FAQ
- Network Directory Search
- Contact Us
- Disclaimer



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MSK Quick Reference Guide