



December 2015

Blue⁺ealertSM

BlueCross BlueShield of Tennessee, Inc.

Applies to all lines of business unless stated otherwise

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 <http://www.bcbst.com/providers/mpm.shtml> under the “Upcoming Medical Policies” link.

Effective Jan. 9, 2016

- **Breast Reconstructive and Symmetry Surgery Following Mastectomy (Revised)**
- **Urinary Metabolite Tests for Adherence to Direct-Acting Antiviral Medications for Hepatitis C (New)**

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

Clinical Practice Guidelines (Health Care Practice Recommendations) Updates

BlueCross Health Care Practice Recommendations have been updated to include two new behavioral health recommendations:

- The American Psychiatric Association’s *Practice Guideline for the Treatment of Patients with Substance Use Disorders, Second Edition (2006) and Guideline Watch (April 2007)* and
- *Practice Guideline for the Treatment of Patients with Eating Disorders, Third Edition (2006) and Guideline Watch (August 2012)*.

These and other updates can be viewed in their entirety on the [company website](#). Paper copies of any clinical practice guideline can be obtained by calling 1-800-924-7141, ext. 6705.

HealthCare Cost Estimator Now Available

BlueCross BlueShield of Tennessee strongly believes in equipping our members to make the best decisions regarding their health. Financial costs are a huge determining factor when it comes to health care choices. As such, we have developed a HealthCare Cost Estimator, which compares cost and quality outcomes measures, available in BlueAccessSM to encourage our members to make the best health decisions possible.

For more information, see our [HealthCare Cost Estimator flier](#) or our [HealthCare Cost Estimator FAQs](#).

Dental Coding Changes*

Per the current guidelines set by the American Dental Association (ADA), the following CDT[®] codes will be deleted as of Jan. 1, 2016: D0260, D0421, D2970, D9220, D9221, D9241, D9242 and D9931.

The following CDT[®] codes will be added as of Jan. 1, 2016, and will be covered under the standard DentalBlue contract: D4283, D4285, D5221, D5222, D5223, D5224, D9223** and D9243**.

** D9223 will replace D9220 and D9221 and D9243 will replace D9241 and D9242. Anesthesia for dental will now be filed in 15 minute increments so it will be important to file with the correct code and time beginning Jan. 1, 2016.

If a deleted code is filed beginning with date of services Jan. 1, 2016, or after, that line item will not be processed and you will be advised to refile with the most current ADA code. For questions, contact Dental Customer Service at 1-800-523-1478.

CDT[®] is a registered trademark of the American Medical Association

New Care Model for 2016

New for 2016, BlueCross BlueShield of Tennessee will transition to a new care model integrating care management,

disease management, behavioral health and wellness. This new holistic approach to population health management addresses health needs along the entire continuum of care through condition-specific outreach and targeted interventions. The goal is to improve and maintain the physical and psychosocial well-being of members through tailored solutions integrating care management, disease management, behavioral health and wellness.

Mandate 386: Group Contracts

In accordance with the Public Chapter No. 386 Mandate, a series of law changes from the State of Tennessee, BlueCross BlueShield of Tennessee will be adjusting notification requirements for new providers seeking to join **existing contracted provider groups**.

Effective Jan. 1, 2016, BlueCross will notify providers seeking to join existing groups of key information, including:

- All information and documentation required for a credentialing application
- Credentialing status within five days of receiving a completed application

To initiate the credentialing process, contracted provider groups must contact BlueCross Provider Network Services at 1-800-924-7141 and request to add new providers.

Additional updates regarding this change will be forthcoming.

CMS Changes Guidelines and Rates for Hospice Providers*

The Centers for Medicare & Medicaid Services (CMS) recently changed their guidelines and rates for outpatient

hospice services. Some of the rate changes were effective Oct. 1, 2015, and other changes will not be implemented until Jan. 1, 2016. BlueCare and TennCareSelect networks, including CoverKids, will follow the CMS rate guidelines and effective dates. For commercial networks P, S, E and M, all CMS changes will be effective Jan. 1, 2016.

The most significant change separates the reimbursement for routine home care (RHC) into two rate levels. RHC services delivered during the first sixty (60) days of care will be paid at one level, while services provided **after** sixty (60) days will be reimbursed at a lower level. To help ensure your claims are paid appropriately, make sure you file the correct admission date on your claim submissions.

Additionally, Medicare created a Service Intensity Add-On payment for social worker or RN visits during the member’s last seven (7) days of life. This additional payment is only eligible when billed in conjunction with RHC services. To receive the add-on payments, claims must include the appropriate discharge status. [For details about the rate changes, please see the information from CMS.](#)

NOTE: *These guidelines and rate changes do not apply for services to Medicare Advantage members.*

Reminder: OrthoNet Services for Musculoskeletal (MSK) Program

OrthoNet began administering the following musculoskeletal (MSK) management services Nov. 1 for BlueCross BlueShield of Tennessee’s Commercial and Medicare Advantage members:

- Pain Management

- Spinal Surgery (Medicare Advantage Care Management previously reviewed these codes)
- Joint Surgery (Hip, Knee and Shoulder)
- Physical Medicine (Physical Therapy, Occupational Therapy and Chiropractic) **Medicare Advantage Only**

Authorization requests can be submitted online via BlueAccess at www.bcbst.com/blueaccess, via phone at 1-866-747-0586 or via fax at 1-866-747-0587.

You can find all reference materials, including a code list, fax forms and reference guide with step-by-step instructions on the new web submissions process located within BlueAccess. You can also find fax forms and the code list at <http://www.bcbst.com/providers/utilization-management-resources.page>.

New and Revised Place of Service Codes (POS) for Outpatient Hospital

Beginning Jan. 1, 2016 the Centers for Medicare & Medicaid Services (CMS) is making the following changes to the current POS code set:

- A new **POS code 19** for “Off Campus-Outpatient Hospital” is being added.
- **POS code 22** is being changed from “Outpatient Hospital” to “On Campus-Outpatient Hospital.”

Claims for covered services rendered in an Off Campus-Outpatient Hospital setting, or in an On Campus-Outpatient Hospital setting will both pay at the facility rate. The payment policies for POS 22 will continue to apply and will also apply to POS19 unless otherwise stated.

These new CMS guidelines will apply to all lines of BlueCross business. To

ensure your claims are paid accurately, please make sure you file the correct POS Codes on your claim submissions.

Update: BlueCross Behavioral Health Network

The transition from Magellan to BlueCross BlueShield of Tennessee’s internal network is on track to be effective Jan. 1, 2016. On this date, BlueCross will assume responsibility for contracting and credentialing behavioral health providers for Medicare Advantage and Commercial lines of business. Arrangements have already been made to ensure members receive appropriate and necessary care during this transition.

In conjunction with assuming credentialing and contracting responsibilities for behavior health, BlueCross will implement MCG® Behavioral Health Care Guidelines to ensure accurate and timely care for covered members.

To learn more about the BlueCross behavioral health network and MCG guidelines, visit <http://www.bcbst.com/providers/Behavioral-Health-Network.page>.

Opiate Medication Added to 2016 Quantity Limitation (QL) Drug List

To prevent accidental or intentional overuse of prescription drugs, BlueCross places a quantity limit on select formulary drugs. For 2016, additional opiate medications are being added to the QL Drug List. These quantities are considered reasonable amounts and provide a safety margin for prescribing practitioners.

More detailed information on BlueCross’ Commercial formularies and the Quantity Limitation Drug List

can be found at: https://www.bcbst.com/docs/pharmacy/2016_Whats_Changing_Prescription_Drug_List.pdf

Exceptions to the quantity limits can be requested 24/7 by calling 1-877-916-2271.

Reminder: Physician Quality Information Application Available until Jan. 11, 2016

The Physician Quality Information Application on BlueAccess will be available for physician review and self-reporting until Jan. 11, 2016. After Jan. 11, provider ratings will be updated to reflect the self-reported submissions and the updated provider ratings will be included in our provider directories that are available on the company website for our members.

Utilization Management Update: Discharge Dates

Discharge dates play an integral role in claims processing and BlueCross BlueShield of Tennessee quality assurance initiatives. Once a patient is discharged from a provider’s care, BlueCross care transition and case management staff contact the patient to identify post-discharge gaps, such as home care needs and required follow-up appointments. This process helps reduce patient readmission and improves overall care, but confirmation of discharge is required for this to take place.

Currently, the process for confirming a patient discharge requires a telephone call between BlueCross and the provider office to gather key information. While necessary, this process is inefficient and misuses key resources, most notably the time required to complete telephone calls.

Soon, BlueCross will transition to a more streamlined discharge data collection process by establishing a dedicated fax number for this information. Faxing discharge information will cut down on processing times, ensure patients gain access to all necessary recovery and post-discharge resources as quickly as possible and help reduce unnecessary readmissions.

More information on this transition will be announced in the coming weeks.

Submit Hospice Requests Online Through BlueAccess

As of Nov. 1, 2015, BlueCross Commercial and BlueCare Tennessee providers can submit hospice requests online through BlueAccess. Our secure provider portal minimizes phone time, eliminates the need for handling fax submissions and ensures requests can be submitted for all services 24 hours-a-day, 7 days-a-week. Benefit information, claim status, claim estimates and many other self-service resources are also available through BlueAccess. The eBusiness Solutions team can help you with BlueAccess registration and provide onsite training. For more information, contact the eBusiness Service Center by calling (423) 535-5717 and selecting option 2, or via email at eBusiness_service@bcbst.com.

REMINDER: In-network Care Teams

Our members get the most from their health benefits when they receive care from participating network providers. As one of our network providers, please remember your contractual obligation to ensure our members only receive care from BlueCross-contracted providers. This includes inpatient or hospital-based care and is especially

important in the event of emergency surgery or other emergent care events. Our “Find a Doctor” tool on bcbst.com can be used to easily locate other participating network providers.

Reminder: New Prior Authorization Needed for CPT® Codes 64581 and 64590

Starting Jan. 1, 2016, prior authorization will be required for codes 64581 and 64590 that are related to neurostimulator implantation for occipital nerve stimulation as well as fecal and urinary incontinence, for Commercial lines of business.

Previously, medical records were reviewed by a nurse after claims were submitted. If the claims did not meet the appropriate guidelines, they were denied and the provider was financially liable. This new prior authorization requirement will reduce claims issues related to these codes. If you have questions, please contact the Provider Service Line†.

CPT® is a registered trademark of the American Medical Association.

BlueCare Tennessee
 This information applies to BlueCare and TennCareSelect plans, excluding dual-eligible BlueCare Plus (HMO SNP)SM unless stated otherwise

BlueCare Tennessee to Target Abuse of Painkillers

Over the last 10 years, Tennessee has seen drastic increases in the number of opioids prescribed, the rate of opioid addiction treatment admissions, incidences of opioid related fatalities and cases of neonatal abstinence syndrome. Tennessee ranks second in the nation for opioid overdose deaths. Only diabetes, pneumonia and the flu

cause more deaths each year statewide. Beyond these unnecessary deaths, many others in Tennessee suffer from the effects of opioid abuse and addiction.

BlueCare Tennessee wants to help change this by working with providers in our network to prevent the abuse and unnecessary deaths associated with these prescriptions. BlueCross has partnered with Axial Healthcare to help providers see how their prescribing patterns compare to others in the state. BlueCare Tennessee will soon begin contacting health care professionals whose prescribing patterns are significantly beyond normal patterns. Axial will also schedule educational visits with some providers to help them to adjust their prescribing patterns to align more with clinical norms.

You can look forward to more information about this initiative in the future.

Is Your List of Medical Emergency Diagnosis Codes Up-to-Date?

While ICD-10 coding requirements became live Oct. 1, 2015, BlueCare Tennessee and CoverKids continue to receive many medical emergency claims that have incorrect or out-of-date diagnosis codes. These errors most often result in a denied claim that has to be refiled, a situation that neither side wants. Using the ICD-10 diagnosis codes is the best way to ensure your claims are processed quickly and accurately.

It may also be helpful to know which ICD-10 condition codes are considered medical emergencies by BlueCare Tennessee including CoverKids. The [most up-to-date list of medical emergency codes](#) is available at bluecare.bcbst.com.

Reminder: BlueCare Tennessee and CoverKids Payment Error Rate Measurement (PERM) Program

The Centers for Medicare & Medicaid Services (CMS) will be performing an audit of BlueCare Tennessee and CoverKids providers’ medical records as part of the PERM program. The PERM program measures improper payments made by Medicaid and the Children’s Health Insurance Program (CHIP). CMS will review a random sample of payments with original dates of payment from Oct. 1, 2015, through Sept. 30, 2016. Medical record requests for the PERM review will begin in first quarter 2016.

TennCare Provider Registration

Whether you are a new provider to TennCare/Medicaid or an existing TennCare/Medicaid provider, you will need to register your information [here](#). TennCare is now using web-based technology to simplify and improve the provider registration/re-verification process. Individual providers only need to register once to be added to the TennCare CAQH roster. Once your registration is approved, you will receive a TennCare/Medicaid ID number. A valid TennCare/Medicaid ID number is required for participation in TennCare and is required to:

1. Submit Medicare/Medicaid “cross-over” claims to TennCare for consideration of Medicare copays and deductibles for our members with Medicare as a primary carrier.
2. Contract with any TennCare Managed Care Organization in order to provide medically necessary services to TennCare members.
3. Receive payments from TennCare’s EHR Incentive Program.

For more information, please visit the [TennCare Provider Registration Website](#)

Follow NPI Provider Usage Rules for Submitting CoverKids Claims

When your office is submitting claims for CoverKids members, please ensure they comply with [National Provider Identifier \(NPI\) requirements](#).

These guidelines apply to electronic claims submitted in the 5010 format, as well as claims submitted on CMS-1450 and CMS-1500 paper claim forms. Submitting claims without the proper information could delay your reimbursement payments.

DME & Home Health Requests Move Solely to BlueAccess Jan. 1

BlueAccess offers you the ability to serve members by making requests for durable medical equipment (DME) and home health services at any time day or night through BlueAccess, our secure provider portal. Beginning Jan. 1, 2016, BlueAccess will be the required method to submit DME and home health service requests.

BlueAccess can reduce time on the phone and eliminate the need to fax requests. You can also use BlueAccess to find benefit information, claim status, claim estimates and many other self-service resources. If you would like your office staff to learn more about using our online services, our eBusiness staff is available to provide on-site training. For more information, call eBusiness Technical Support†.

Reporting Critical Incidents for BlueCare Tennessee Members

If you have employees who provide home health care to BlueCare or TennCareSelect members, your employees must report any significant incident they discover to BlueCare Tennessee. **A critical incident report must be filed within 24 hours of discovery.**

Significant events include:

- **Unexpected death**
- **Abuse – Known/Suspected:** physical, mental or sexual – infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish
- **Neglect – Known/Suspected:** - A lack of care that could potentially lead to harm to the member.
- **Major/Severe Injury:** An injury that requires assessment and treatment beyond basic first aid that can be administered by a lay person
- **Safety Issues:** Situations where the member is at risk for harm:
 - Falls
 - Lack or no continuity of care
 - Home health agency staff operating outside scope of practice and/or plan of care regardless if the member was or was not harmed
 - Environmental situations not conducive to member condition
- **Exploitation:** Unauthorized, improper or failure to use the member’s funds, property or other resources according to the member’s desires or well-being

Each incident must be reported to BlueCare Tennessee within 24 hours of discovery using the [Home Health Agency Critical Incident Reporting form](#).

Completed forms or questions should be faxed to:

BlueCare Quality of Care Oversight Department
Fax: 1-855-339-3022

A member of the BlueCare Tennessee Quality of Care Oversight Department will be in contact regarding any additional documentation that is needed.

In addition to reporting home health critical incidents to BlueCare Tennessee, home health agencies should always follow reporting requirements to Adult Protective Services or Child Protective Services.

National Drug Code for CoverKids Claim Filing

The Deficit Reduction Act (DRA) of 2005 requires states to collect rebates on provider-administered drugs. This also applies to CoverKids claims. CoverKids claims must include the National Drug Code (NDC) of the drug(s) administered, along with the quantity and unit. This applies to:

- Provider-administered drugs for medical claims filed on a CMS-1500 Health Insurance Claim form or submitted electronically in the ANSI-837 version 5010 format
- Facilities filing Outpatient UB claims on a CMS-1450 claim form or submitted electronically in the ANSI-837 Institutional version format with exceptions of Vaccines and Inpatient Claims
- All other Providers should submit claims with the NDC information for "J" codes only.

Please note, submitting claims without the proper information could delay your reimbursement payments.

If you have questions about the data elements required, you can find them in the [BlueCare Tennessee Provider Administration Manual](#).

Sterilization Consent Form Update

The Bureau of TennCare received approval from the Centers for Medicare & Medicaid Services (CMS) to continue to use the current Sterilization Consent Form. This form is available on the state’s website at the following link <https://tn.gov/tenncare/topic/miscellaneous-provider-forms>.

Reminder: Provider Satisfaction Survey

We are listening and your input is valuable to us. A [BlueCare PlusSM Provider Satisfaction Survey](#) is now available on our website. The survey offers providers another opportunity to submit suggestions, ideas and opportunities to rate your experience with BlueCare Plus. Visit us today!

Medicare Advantage

This information applies to BlueAdvantageSM HMO/PPO plans, excluding dual-eligible BlueCare Plus (HMO SNP)SM unless stated otherwise.

A Healthy New Year Starts with an Annual Wellness Exam

BlueCross’ member reward and incentive program, My Healthpath®, will continue to focus on better health outcomes in 2016 with an added push to help ensure each BlueAdvantage and BlueChoice (HMO)SM member receives an annual wellness exam.

In 2016, an annual wellness exam will be required for returning members to receive the various incentives for tests like colorectal cancer screening and mammograms. For your patients to earn those rewards, a claim for an annual wellness visit with either a G438 or G0439 code must be filed. These codes

will trigger the member’s eligibility for any of the incentives they can receive in 2016.

Note: An incentive for the annual wellness exam itself will be available to existing patients, as well as patients new to our BlueAdvantage or BlueChoiceSM plans. Patients must be returning members to one of BlueCross’ Medicare Advantage plans to receive the additional incentives.

Fall Prevention Key to High Quality of Life for Seniors

One out of three older adults falls each year, and many older adults don’t know they have balance problems because symptoms are often mild or seem unrelated. Because even a minor fall can be serious, please take a moment to talk to your patients about fall prevention and what they can do to make sure their homes are safe environments.

Fall prevention tips:

- Removing loose rugs from the floor
- Adding non-skid surfaces in the shower
- Removing clutter, especially in hallways
- Moving electrical cords that run across the floor
- Maintaining good lighting, especially in stairwells and halls
- Installing handrails near the toilet, tub and stairways
- Moving things on high shelves to lower ones
- Wearing shoes in the house instead of slippers or bare feet

Guidelines for Submitting a Provider Assessment Form – Medicare Advantage

In 2016, physicians will again be eligible to receive payments for

completing and submitting a Provider Assessment Form for their attributed BlueAdvantage and BlueChoice members.

BlueAdvantage will reimburse the service as E/M Code 99420 with a maximum allowable charge of:

- \$250 for dates of service between Jan. 1 and March 31, 2016
- \$200 for dates of service between April 1 and June 30, 2016
- \$175 for dates of service between July 1 and Sept. 31, 2016
- \$150 for dates of service between Oct. 1 and Dec. 31, 2016

To receive reimbursement, you must complete the form and submit electronically via [BlueAccess](#) or complete the fillable [Provider Assessment Form](#) and submit via fax to 1-877-922-2963. The form should also be included in your patient’s chart as part of his or her permanent record. For additional information about the Provider Assessment Form, please visit: <http://www.bcbst.com/providers/quality-initiatives.page>

Oxygen Authorizations Now Limited to a Calendar Year

Beginning Jan. 1, 2016, BlueAdvantage members will no longer receive lifetime or multi-year approval for oxygen equipment rentals. Because plan benefits can change at the beginning of each calendar year, a new authorization will be required at the beginning of the new year and be valid for a maximum of 12 months. If an authorization is approved during the year, it will remain in effect through the end of the calendar year and will need to be re-certified for continued approval in the new year.

The annual request will need a certification of medical necessity completed by the requesting physician and dated within 2 months of the request. Please remember, oxygen

equipment rental is only covered for 36 months according to CMS regulations.

BlueCross Offers BlueAdvantage and BlueChoice Members In-Home Health Assessments

To comply with CMS risk adjustment and HEDIS requirements, BlueCross BlueShield of Tennessee, in partnership with CenseoHealth, arranges voluntary, in-home, health assessments for a portion of our Medicare Advantage membership. The health assessment program is intended to collect data, not provide treatment and should not interfere with care administered by the member’s physician. A key aspect of the program is encouraging routine appointments with the member’s primary care provider (PCP) for wellness and maintenance check-ups. Once the assessment is complete, a summary of findings is sent to the PCP of record.

Any questions regarding this program may be directed to your provider relations consultant or BlueCross’ Provider Service Line, 1-800-841-7434.



Tobacco Cessation

As a BlueCross BlueShield of Tennessee provider, you have the opportunity to encourage our members to improve their health by quitting smoking. You can provide vital support by discussing tobacco cessation with members and directing members to support resources. Follow these tips to help patients kick the nicotine habit:

- Engage patients in a conversation about quitting.
- Discuss over-the-counter cessation aids and determine if medications may be beneficial.
- **DO NOT** promote the use of e-cigarettes as smoking-cessation aids.
- Direct patients to the Tennessee Tobacco Quitline at 1-800-Quit-Now or www.tnquitline.com for cessation support or counseling resources.

If you have questions about member eligibility for smoking cessation services, log in to BlueAccess to confirm coverage.

Reminder: Avoidance of Antibiotic Treatment in Adults and Children with Respiratory Conditions

BlueCross 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), except for children who test positive for strep.
- Adults (ages 18 to 64 years) with acute bronchitis (AAB)

If you find that your patient has a bacterial infection, remember to use ICD-10 codes specific to bacterial infections.

BlueCross would like to partner with our physicians on this important initiative to work collaboratively to improve quality measurements for antibiotic prescribing and decreasing

antibiotic resistance. Educational information is available on our websites as well as on the Centers for Disease Control and Prevention (CDC) website at www.cdc.gov/getsmart.

Remind Your Patients of Importance of Flu Shots

All children under the age of 2 years need to receive at least **2 influenza (flu) immunizations by 23 months of age** and patients **ages 2 years and older need to be immunized against the flu every year. Remember, patients 65 years and older are at greater risk for serious complications from flu** and almost 90 percent of flu-related deaths happen in patients older than 65, along with nearly 60 percent of hospitalizations. To avoid missed opportunities for vaccination:

- Consider offering vaccinations during routine health care visits.
- Offer patients vaccines during hospitalizations when the flu vaccine is available.
- Offer flu shot only appointments if your practice is able.
- Consider offering extended office hours and/or Saturday office hours so your patients can come in after work or on an off day to get their flu shot.

You are your patient’s best protection against the flu, and we appreciate all you do to protect the health of our members!

Do you need help in another language? ¿Habla español y necesita ayuda con esta carta?

Llámenos gratis al BlueCare
1-800-468-9698. Llámenos gratis al
TennCareSelect 1-800-263-5479.

العربية (Arabic); Bosanski (Bosnian)
; كوردی – بادینانی (Kurdish-
Badinani); کوردی – سۆرانی
(Kurdish- Sorani); Soomaali

(Somali); Người Việt (Vietnamese);
Español (Spanish) call 1-800-758-1638.
Federal and State laws protect your rights.
They do not allow anyone to be treated in a
different way because of: race, language,
sex, age, color, religion, national origin, or
disability. Need help due to health, mental
health or learning problem, or disability; or
do you need to report a different treatment
claim?

Call 1-800-468-9698 for BlueCare or
1-800-263-5479 for TennCareSelect to report
discrimination compliance issues. For TTY
help call 771 and ask for 888-418-0008.

* These changes will be included in
the appropriate 4Q 2015 provider
administration manual update.

Archived editions of BlueAlert are available
online
at <http://www.bcbst.com/providers/newsletters/index.page?>



**BlueCross BlueShield of
Tennessee
Offices will be closed
December 24 & 25, 2015
for the Christmas holiday**

†Provider Service lines

Featuring “Touchtone” or “Voice Activated” Responses

Note: If you have moved, acquired an additional location, changed your status for accepting new patients, or made other changes to your practice:

- Call the BlueCross Provider Service line, 1-800-924-7141, and choose the “touchtone” option or just say **Network Contracts or Credentialing** when prompted, to easily update your information; **and**
- Update your Provider profile on the [CAQH Provview™](http://www.CAQHProvview.com) website.

Commercial Lines 1-800-924-7141
Monday–Thursday, 8 a.m. to 5:15 p.m. (ET)
Friday, 9 a.m. to 5:15 p.m. (ET)

AccessTN/CoverKids 1-800-924-7141
Monday–Friday, 8 a.m. to 6 p.m. (ET)

BlueCare	1-800-468-9736
TennCareSelect	1-800-276-1978
CHOICES	1-888-747-8955
BlueCare PlusSM	1-800-299-1407
BlueChoiceSM	1-866-781-3489
SelectCommunity	1-800-292-8196

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

BlueAdvantage 1-800-841-7434
BlueAdvantage Group 1-800-818-0962
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)