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 October 10, 2015
- Genetic Testing for Marfan Syndrome, Thoracic Aortic Aneurysms and Dissections and Related Disorders (New)
- MRI-Guided Focused Ultrasound (MRgFUS) (Revised)
- Salivary Testing for Steroid Hormone Levels (Revised)

Effective November 18, 2015
- Eribulin Mesylate (Revised)
- Mechanical Stretch Devices for the Treatment of Joint Stiffness (Revised)

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

Coming Soon……
2015 Flu Season!
Flu season will soon rear its ugly head. It is important that you take the appropriate preventive care measures to protect your patients during this time of year. Flu season is very unpredictable and can vary in length and severity because the flu viruses constantly change. Therefore, it is important that you educate all patients or parents of children older than 6 months of age on the importance of getting a yearly flu vaccine.

Because patients 65 and older are at greater risk for serious complications from the flu, they have the option to receive the standard vaccine or a newer higher-dose vaccine. The higher-dose vaccine is 24 percent more effective for people in this age group according to The New England Journal of Medicine.

Please make every effort to schedule your patients that are high risk to get a flu shot as early as possible for the flu season. To avoid missed opportunities for vaccination, offer immunizations during routine health care visits and hospitalizations once the vaccine is available.

The following influenza immunization and reimbursement guidelines apply for BlueCross.

Commercial
- Vaccine and administration
  The influenza vaccine, including intradermal and nasal-administered, is a covered benefit if offered under the member’s health care plan. Verify coverage by calling our Provider Service Line.

BlueCare or TennCare Select
- Vaccine and administration
  Covered benefit
- Nasal-administered vaccine
  (recommended for healthy individuals ages 2 through 49) Covered benefit

Note: The intranasal-administered quadrivalent, preservative-free vaccine is available under the Tennessee Department of Health’s Vaccines for Children (VFC) Program for children ages 2 through 18 years.

For more information, call 1-800-404-3006, Monday through Friday, 8 a.m. to 4:30 p.m.

- Intradermal-administered vaccine
  (recommended for persons 18 through 64 years of age)
Note: The intradermal-administered vaccine is not available under VFC.

Medicare Advantage
- Intradermal and nasal-administered vaccines
  Covered benefit
Health Care Practice Recommendations Updates

BlueCross Health Care Practice Recommendations have been updated. The Seventh Report of the Joint National Committee on Prevention, Evaluation and Treatment of High Blood Pressure (JNC 7) clinical practice guideline (CPG) for hypertension is now: Managing Blood Pressure in Adults: Systematic Evidence Review From the Blood Pressure Expert Panel (JNC 8; 2013).

This and other CPGs can be viewed in their entirety online at http://www.bcbst.com/providers/hcpr. Paper copies can be obtained by calling 1-800-924-7141, ext. 6705.

ICD-10 Compliant Prior Authorization Requests

As a reminder, the compliance date for transitioning to ICD-10 coding is Oct.1, 2015. The following information can be used when submitting prior authorization requests:

- Prior authorization requests can now be submitted for dates of service beginning on Oct. 1, 2015. These requests should be submitted with applicable ICD-10 codes.
- Retrospective prior authorization requests for dates of service before Oct. 1, 2015, should be submitted with applicable ICD-9 codes.
- Prior authorization requests that have already been approved that span the Oct. 1 compliance date to pay with claims submitted using the appropriate diagnosis version (ICD-9 or ICD-10), based on the claim dates of service to comply with the Oct. 1, 2015 implementation of ICD-10.

Additional information regarding ICD-10 implementation is available on the ICD-10 Page of our website at http://www.bcbst.com/providers/icd-10.page.

Upcoming Changes to Provider Service Lines

BlueCross will be updating its Provider Service Phone Lines in the coming months. Please be aware that some of our prompts will be changing.

BlueCare Tennessee

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

Complete a TennCare Kids Checkup when Performing Sports Physicals

The school year is underway and many kids will need physicals before they play sports for their school. Sports physicals are the perfect opportunity to conduct a TennCare Kids checkup. To be considered a TennCare Kids checkup, the visit should include:

- Health history
- Complete unclothed physical exam
- Lab tests as needed
- Shots as needed

For more information about TennCare Kids checkups and billing, please refer to http://tnaap.org/coding.

myBLUE PCP

BlueCare Tennessee encourages its members to make more informed health care choices, while directing them to receive coordinated care which starts with their assigned primary care provider (PCP). As a BlueCare Tennessee PCP, it is your responsibility to verify that the members you see are either assigned to you or another PCP in your group. PCPs will not be reimbursed for their services to members who are not assigned to them or to a covering provider.

Members are allowed to change their PCP assignment at any time by initiating a PCP change request.

The member can:

- Call customer service.
  BlueCare: 1-800-468-9698
  TennCareSelect: 1-800-263-5479
- Fax the completed PCP Change form to 1-888-261-9025.
- Print a temporary ID card from their BlueAccessSM account at http://bluecare.bcbst.com/.

Providers can submit changes to their member rosters by:

- Faxing the completed PCP Change form to 1-888-261-9025
- Calling the Customer Service line while the member is in their office and allowing the member to speak to Customer Service to request the PCP Change
Timely Submission of Prior Authorization or Notification Request

Effective immediately, timely submission of a prior authorization request for BlueCare Tennessee members admitted into the hospital directly from the physician’s office no longer requires authorization before the member arrives at the hospital. Authorization is required within 24 hours or the next business day from the admission date. All other requirements for timely submission will remain the same including elective and emergency admissions.

Reminder: Authorization Status - Did you Know?

You can check the status of your authorization by simply logging into BlueAccess and clicking on the “Authorization / Advance Determination Inquiry” section from the “Service Center” link. An advantage of checking online is not only time saved but you can also print your status from the website. If you are interested in training, please contact your eBusiness Marketing Representative. Their contact information is located in the Provider Service lines† section of the newsletter.

Host the BlueCross Mobile Unit On-site

The BlueCross Mobile Unit is now available for needed screenings to support gaps in care. For BlueCross Medicare Advantage members the mobile unit staff can provide information about their health benefit plan, including our partnership with SilverSneakers to help seniors remain active. They also have the opportunity to receive needed screenings like bone density, retinal eye exam, kidney function and HbA1c blood sugar screenings for diabetic patients.

Medicare Advantage

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

Help Ensure Your Patients’ Wellness

As a provider, you can take steps to help your patients stay healthy by recommending regular wellness exams and screenings.

The best way to beat illnesses is to prevent them before they happen. Well visits or annual exams are important aspects of overall wellness even when children, adolescents and adults are healthy. That's why it's important to schedule these visits for your patients.

Wellness exams focus on prevention. These patient encounters allow you and the patient to discuss health concerns and potential illnesses before serious issues arise. Wellness visits are also good times to evaluate health screening needs, update vaccinations, discuss medications, encourage healthy lifestyles and answer any general health questions to help your patients manage their care.

It’s important to remember that well-care preventive services count towards Quality Measures, regardless of the primary intent of the visit. However, services that are specific to an acute or chronic condition do not count toward the well-care measure. To expedite claim processing remember:

- Use correct diagnosis and procedure codes.
- Submit claims and encounter data in a timely manner.
Assure Diabetic Patients Receive Needed Screenings

Regular checkups and screenings are key to managing diabetes effectively. BlueCross makes it easy and rewarding for your Medicare Advantage patients to get the screenings they need. Your diabetic patients between the ages of 18 and 75 should receive the following screenings each year:

- Kidney Function – a free benefit that is eligible for a $15 patient reward.
- HbA1c – a free benefit that is eligible for a $15 patient reward.
- Retinal Eye Exam – a free benefit that is eligible for a $15 reward for the patient if they use our in-home vendor, and a $40 reward if they use an eye doctor
- Cholesterol (LDL) – a free benefit as part of the patient’s annual wellness exam
- Blood Pressure – a free benefit as part of the patient’s annual wellness exam

Medicare Advantage members can also receive most of these screenings performed in the comfort of their own home through our in-home services program. As the member’s attributed provider these screenings count toward quality of care measures for your practice.

Call BlueCross to find out about the in-home services we offer for your patients.

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); گورک (Kurdish-Sorani); Soomaali (Somali); Ngữ 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 3Q 2015 provider administration manual update.

Archived editions of BlueAlert are available online at http://www.bcbst.com/providers/bluealert/archive/index.page.

IMPORTANT REMINDER

Be sure your CAQH ProViewTM profile is kept up to date at all times. We depend on this vital information.

†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 ProviewTM 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/Cover Kids 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)