



# Blue<sup>+</sup>alert

November 2016

## BlueCross BlueShield of Tennessee, Inc.

This information applies to all lines of business unless stated otherwise

### Medical Policy Updates/Changes

The BlueCross BlueShield of Tennessee Medical Policy Manual will be updated to reflect the following new and revised 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 Dec. 10, 2016

- Bio-Engineered Skin and Soft Tissue Substitutes (**Revision**)
- Intravenous Immune Globulin (IVIG) Therapy (**Revision**)
- Nerve Graft Prostatectomy (**Revision**)
- Subcutaneous Immune Globulins (**New**)

#### Effective Dec. 21, 2016

- Nivolumab (**Revision**)
- Transcranial Magnetic Stimulation (TMS) (**Revision**)

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

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### ICD-10 Coding Requirements

BlueCross BlueShield of Tennessee follows the Centers for Medicare & Medicaid Services (CMS) guidelines for ICD-10 coding. On Oct. 1, 2016, the grace period ended, now requiring the highest level of ICD-10 coding specificity. Claims submitted without this coding requirement will be denied. See the CMS website at [www.cms.gov](http://www.cms.gov) for additional information on ICD-10 coding guidelines.

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## NDC Required for All Provider-Administered Medications

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 must include the National Drug Code (NDC) of the drug(s) administered, along with the quantity and unit. The NDC has been required on all CMS-1500 claims for provider-administered medications for all lines of business since Jan. 1, 2014.

The qualifier code **N4** (NDC) or **ZZ** (Narrative description of unspecified code) and a description of supplemental information must be entered in the **shaded** lines of Block 24 in the CMS-1500 form. To enter supplemental information, begin at 24A by entering the qualifier and then the information. Do not enter a space between the qualifier and the number/code/information. Do not enter hyphens or spaces within the number/code.

The following qualifiers are to be used when reporting NDC units:

- **F2** International Unit
- **ME** Milligram
- **ML** Milliliter
- **GR** Gram
- **UN** Unit

24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.	G.	H.	I.	J.
From To						PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)			DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	PERCENT	ID. QUAL.	RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY			CPT/HCPCS		MODIFIER				Per		
N4	50242006001	ME1.25	ZZ	Avastin				J1563			13	500.00	20	N	1B	12345678901
10	01	05	10	01	05	11									NPI	0123456789

Please note, submitting claims without the appropriate NDC could delay your reimbursement payments.

## Non-Discrimination Notice\*

BlueCross BlueShield of Tennessee participating providers, through their contracts with us and in compliance with existing federal and state laws, rules and regulations, agree not to discriminate against members in the provision of services on the basis of race, color, national origin, religion, sex, age or disability.

Section 1557 of the Affordable Care Act (ACA) and its implementing regulations (Section 1557) prohibits “covered entities” from discriminating against individuals on the basis of race, color, national origin, sex, age, or disability in any health program or activity. “Covered entities” include health insurance issuers and health care providers that receive federal financial assistance.

Participating providers should review their respective obligations and the requirements of Section 1557 to ensure their respective compliance. Information about Section 1557 of the ACA and compliance is available from the Department of Health and Human Services at <http://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html>.

## Be Prepared for the 2016 – 2017 Flu Season!

It is important that you take the appropriate preventive care measures to protect your patients during this time of year. Please 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 is a covered benefit if offered under the member's health care plan. Verify coverage by calling our [Provider Service Line†](#).

### BlueCare Tennessee

#### ➤ *Vaccine and administration*

Intramuscular flu vaccine is a covered benefit for those 6 months of age and older.

Intradermal-administered vaccine is recommended for persons 18 through 64 years of age.

#### **Note:**

- Flu vaccines are available through the Tennessee Department of Health's Vaccines for Children (VFC) Program for children 18 years of age and younger. The intradermal-administered vaccine is not available under VFC.
- For BlueCare or TennCare*Select* bill procedure code 90674 for the vaccine Flucelvax for dates of service on, or after Aug. 1, 2016.

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

### Medicare Advantage

#### ➤ *Intradermal vaccines*

Covered benefit

### CoverKids

#### ➤ *Vaccine and administration*

The influenza vaccine, including intradermal is a covered benefit.

#### **Note:**

For all lines of business, except BlueCare, TennCare*Select* or CoverKids, bill procedure code 90749 for dates of service through Dec. 31, 2016, and bill procedure code 90674 for dates of service on, or after Jan. 1, 2017.

Due to concerns regarding the effectiveness of the FluMist Quadrivalent, the Centers for Disease Control and Prevention (CDC) recommends this vaccine **not** be used during the 2016 – 2017 flu season.

## Help Bust Flu Shot Myths

There are several common misconceptions about the flu shot. You play an important role in making sure our members have accurate information about flu immunizations.

### **It might give me the flu**

The flu shot cannot cause the actual flu. Randomized, double blind studies show the only difference between the flu shot and a placebo is soreness and redness at the injection point.

### **It will make me sick**

A few people may have a low-grade fever or minor achiness, but double blind studies showed no difference in symptoms between those who received the flu vaccine and those who received a placebo.

### **It won't protect me**

The flu shot only protects against influenza. There are several illnesses, like the common cold, that cause symptoms similar to the flu. Sometimes people develop symptoms because they are exposed to the flu before their vaccine becomes fully effective, which can take a few weeks.

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## Potential Side Effects for Children taking Antipsychotic Medication

Many medications used to treat younger patients with mental illness are safe and effective. In recent years, the use of antipsychotic medications has risen dramatically. Particular caution should be exercised when these medications are used due to the unknown effects on the developing brain and health risks.

A recent study in JAMA Psychiatry (August, 2016), demonstrated that those between the ages of 6 and 24 years taking antipsychotics were three times more likely than their peers to develop type 2 diabetes. The type of antipsychotic medication they took did not seem to matter. Furthermore, the risk for type 2 diabetes remained for one year after being taken off of the medication.

Use of antipsychotic medications should only be considered after an appropriate initial evaluation, consideration of the young person's general health, assessment of family health history, and consideration of or attempts to use alternative medications and therapeutic interventions.

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## Reminder: Improved Provider Reconsideration and Appeals Process Now in Effect

It is now easier for providers to go through the formal process of asking BlueCross to reconsider claims outcomes or denials, and to file formal appeals when necessary. An overview of the process and the two new forms are located online at <http://www.bcbst.com/providers/forms/reconsideration-and-appeals.shtml>.

A [helpful guide](#) offers more details and guidance about when and how to request claims reconsiderations or appeals. Depending on the line of business, there are some variances in the processes which are outlined in this guide.

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## Upcoming Prior Authorization Changes to Specialty Pharmacy Listing for Commercial and BlueCare Members

Certain Specialty Pharmacy drugs have not previously required prior authorization but will as of Dec. 1, 2016, the following specialty pharmacy drugs **will require** prior authorization.

Adagen®	
Aloxi®	
Aralast™, Aralast NP, Glassia, Prolastin®, Prolastin-C, Zemaira®	
Arranon®	
Botox®	
Cerezyme®	
Cuvitru™, Gammagard® Liquid, Gamunex®-C, Hizentra®and HyQvia®	
Carimune® NF, Flebogamma® 5% DIF, Gammagard® Liquid, Gammagard® S/D, Gammaplex® 5% Liquid, Gamunex®-C, Octagam® 5% , and Privigen®	
Dysport®	Orthovisc®
Elaprase®	Ozurdex®
Eligard®	Proleukin®
Euflexxa	Retisert®
Fabrazyme®	SandoSTATIN® LAR
Firmagon®	Somatuline®
Fusilev®	Supartz®
Gel-One®	Supprelin® LA
Herceptin®	Synvisc®/Synvisc® One
Hyalgan®	Testopel®
Iluvien®	Thyrogen®
Ixemptra®	Torisel®
Leukine®	Trelstar®
Lupron Depot®	Vantas®
Monovisc®	Vidaza®
Mozobil®	Visudyne®
Myobloc®	Vpriv®
Myozyme®	Xeloda® (Medicare Advantage only)
Lumizyme®	Xeomin®
Naglazyme®	Xiaflex®
Nplate®	Zoladex®

**NOTE:** Beginning Nov. 23 through Dec. 31, 2016, providers using the web to submit prior authorization requests will not see the BlueCross medical policy criteria and should use the free form box to provide clinical rationale for their requests.

The Provider-Administered Specialty Drug Lists vary by lines of business and are located online. The websites below will provide information on **all** provider administered specialty medications requiring prior authorization.

- [BlueCare Tennessee](#)
- [Commercial](#)
- [BlueCare Plus \(HMO SNP\)<sup>SM</sup>](#)
- [Medicare Advantage](#)

## BlueCross to Change Opioid Prescription Policy Jan. 1, 2017

### *Now Accepting Prior Authorization Requests*

BlueCross continues to address the growing national effort toward more appropriate use of opioids. Earlier this year, BlueCross made a policy change requiring your patients who are new to long-acting opioid pain medication therapy and covered by BlueCross Commercial plans to have prior authorization (PA) for these drugs. To further promote prescription safety, BlueCross is making other significant changes that will go into effect in January.

<b>Opioid Prescription Policy Changes Effective Jan. 1, 2017</b>
<i>(Applies to your patients with BlueCross Commercial, BlueAdvantage(PPO)<sup>SM</sup>, BlueChoice(HMO)<sup>SM</sup> and BlueCare Plus(HMO SNP)<sup>SM</sup> plans)</i>
Prior authorization required for all long-acting opioid prescriptions
Quantity limits for both short-acting and long-acting opioids prescriptions
The combined morphine equivalent dose (MEqD) of all prescriptions cannot exceed 200mg/day
<b>Note – Opioid treatment for members in hospice care or undergoing cancer treatment will receive approval, but still require a prior authorization request.</b>

To view the policies in their entirety on the Use of Opioids in Control of Chronic Pain, see the Administrative Services page of the [BlueCross BlueShield of Tennessee Medical Policy Manual](#).

### **Now Accepting Prior Authorization Requests for Jan. 1 Effective Dates**

For your patients taking long-acting opioids, and for whom you expect to need the medicines in January, you may request the prior authorization for a Jan. 1 effective date now. The maximum length of a prior authorization for long-acting opioid is six months. **When you make your request, please specify that the request is for prescriptions obtained on or after Jan. 1, 2017.**

### **How to Obtain Prior Authorization**

- For your patients with **BlueCross Commercial** plans, please call 1-877-916-2271 or fax your request to 1-800-837-0959.
- For your patients who are covered by **BlueAdvantage**, **BlueChoice<sup>SM</sup>** or **BlueCare Plus** plans, please call 1-844-648-9628 or fax your request to 1-877-328-9799.

## **Reminder: Refer Your Patients with BlueCross Plans to Network Providers**

Our members get the most from their health benefits when they visit participating network providers. As one of our network providers, please remember you are contractually obligated to refer your patients with BlueCross BlueShield of Tennessee health insurance plans to contracted network providers. This is especially important when referring our members to hospitals, for lab work, DME and any other ancillary service. Our “Find a Doctor” tool on [bcbst.com](#) can be used to easily locate other participating network providers. Genetic testing not performed by a network provider requires prior authorization, and other out-of-network services may require review.

## **Reminder: Credentialing Required for Nurse Practitioners and Physician Assistants\***

BlueCross is requiring all nurse practitioners and physician assistants to complete the credentialing process before providing services to our members. Nurse practitioners and physician assistants must be credentialed by Jan. 1, 2017, even if they are employed by a physician or group that is contracted to provide services to BlueCross members. Begin the credentialing process by completing the online [Provider Enrollment Form](#).

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## **Reminder: Billing for Medication Wastage from a Single Dose Vile (SDV)\***

Effective Jan. 1, 2017, a JW modifier (*Drug amount discarded/not administered to any patient*) will be required to bill any unused drugs or biologicals from SDVs or packages. This requirement is in accordance with the Centers for Medicare & Medicaid Services (CMS) Change Request (CR) 9603 and related Transmittal R3538CP.

BlueCross will continue to follow CMS published guidelines for billing medication wastage from a SDV. The guidelines are found in both the BlueCross BlueShield of Tennessee and the BlueCare Tennessee provider administration manuals and are as follows:

- Documentation of wastage in the medical record is expected.
  - **The Provider is responsible for using the most economical packaging of medication to achieve the required dosage with the least amount of medication wastage necessary.**
  - Instances of medication wastage from a SDV should be submitted on a single line item with the JW modifier appended to the appropriate HCPCS Level II code.
  - The number of units billed for the SDV with specific HCPCS codes with the JW modifier is inclusive of both the administered and discarded amounts.
  - The number of units should be reported as one (1) for unlisted, miscellaneous, non-specific and Not Otherwise Classified (NOC) codes billed with the JW modifier appended and dosage administered/wastage should be reported as supplemental information.
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## **Reminder: Electronic Claims Submission**

Network providers (including oral surgeons) are required to submit all claims to BlueCross electronically. This includes secondary and corrected claims.

Paper claims will only be an accepted method of submission when technical difficulties or temporary extenuating circumstances exist and can be demonstrated. Please call [eBusiness Technical Support](#)† if you need to discuss your office's transition or any barriers that may prevent you from filing electronic claims.

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## BlueCare Tennessee

This information applies to BlueCare, TennCareSelect and CoverKids plans, excluding dual-eligible BlueCare Plus (HMO SNP)<sup>SM</sup> unless stated otherwise

### Opioid Prescription Risk Reports Now Available Online for BlueCare Providers

BlueCare Tennessee is promoting opioid prescription safety by showing providers their opioid prescribing patterns through a comprehensive online report.

**The Risk Identification and Mitigation (RIM) report is an online tool** that will offer BlueCare Tennessee providers a deeper insight into the opioids they prescribe, the levels and frequency at which they provide them and how their prescribing patterns compare to other providers in their specialty across the state, as well as their patients who might be at risk when taking opioids.

BlueCare Tennessee providers who prescribe a minimum of six prescriptions during the previous 90 days can access their personalized report through the secure provider section of our website. The report is available through the **BlueAccess** home page under the heading **RxSafetyTN** by clicking the link **Pain Medication & Care Improvement Program**.

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### Last Chance to Enroll in TennCare EHR Provider Incentive Program

Program Year 2016 is the final year in which providers and facilities can begin participation in the [Medicaid Electronic Health Record \(EHR\) Incentive Program](#). The Centers for Medicare & Medicaid Services (CMS) has set a deadline of midnight Dec. 31, 2016, to enroll in this program.

Benefits of program participation include:

- Eligible providers can receive up to \$63,750 for full participation in the program.
- Achieve measurable improvements in patient health care delivery and outcomes through the use of Certified EHR Technology.

#### Check Your Eligibility

To see if you are eligible, check the [CMS Eligibility Wizard](#). If you have other questions about program eligibility, please contact [TennCare.EHRIncentive@tn.gov](mailto:TennCare.EHRIncentive@tn.gov).

#### Get Started

To register and get started with your 2016 Program Year attestation, please visit <https://ehrincentives.cms.gov/hitech/login.action>.

#### Give the Program Another Try

Some providers stopped attesting because they felt meeting Meaningful Use (MU) was too difficult. CMS heard you and MU requirements have changed. Whatever reason caused you to stop attesting, the State would like to help you get back on track. Send an email to [TennCare.EHRIncentive@tn.gov](mailto:TennCare.EHRIncentive@tn.gov).

#### More Details

For more information about the incentive program, please visit the [CMS](#) or [Bureau of TennCare](#) websites.

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## Sick Visits are a Good Opportunity for a TennCare Kids Checkup

Any time a child (patient under age 21 years) with TennCare Kids coverage is in your office, review their medical records to make sure they've had their scheduled checkups. A sick visit may be the only opportunity you or the child will have for a checkup. TennCare Kids services provided should be documented during the office visit as appropriate for age, condition, new patient, established patient, and newborn.

When appropriate and occurring on the same date of service, you can be reimbursed for both a "sick" and well-visit exam. Please see the TennCare Kids Billing Guidelines section of [BlueCare Tennessee Provider Administration Manual](#) for the correct modifier usage.

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## Tennessee Health Link and PCMH Programs

The State of Tennessee is continuing its growth of the Tennessee Healthcare Innovation Initiative (THCII) through the development of the Tennessee Health Link (THL) and expansion of the Patient-Centered Medical Home (PCMH) model. The State is working with providers to improve integrated and value-based primary care services for all members and behavioral health services for members with the highest behavioral health needs. The THL will launch statewide Dec. 1, 2016. Expanded PCMH will launch Jan. 1, 2017, for 20-30 primary care provider groups who volunteered to be in the first wave of implementation, with additional opportunities in future years.

Please refer to the State's website for details on the THL and the PCMH programs:

<https://www.tn.gov/hcfa/article/patient-centered-medical-homes>

<https://www.tn.gov/hcfa/article/tennessee-health-link>

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## Provider Bonus Reminder

As of Aug. 1, 2016, BlueCare Tennessee OB/GYN providers are eligible to earn a \$10 bonus for specific Category II codes for maternity care.

In order to make the submission process easier we'd like to provide a few tips on this initiative.

### When Submitting 0500F remember:

- Include the appropriate Evaluation & Management (E&M) Code (99201-99205 or 99211-99215) confirming pregnancy. **Please submit this claim within 30 days of the visit.** (*Filing the E&M Code will not deter payment.*)
- You must submit at least \$10 billed charges to receive the full bonus.
- Submit the [Maternity Care Management Notification Form](#) through BlueAccess or fax to (423) 854-6033.

### When Submitting 0503F remember:

- Include postpartum code 59430. (*No Additional payment will be made for 59430, this is included in Global OB charges*)
  - You must submit at least a \$10 billed charge to receive the full bonus.
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## Reminder: Review Rule Changes for Reporting BlueCare Member Deaths

Providers are required to report all patient deaths if they involve a BlueCare Tennessee member under the age of 21 years or the unexpected death of a member who is **not** receiving home health services. Deaths should be reported as soon as possible using the [Death of Member Notification Form](#).

A member death consistent with the medical diagnosis and prognosis would be considered an expected death. Providers should use the following criteria to determine if the death of the member is unexpected:

- **Accidental**
- **Not anticipated**
- **Suicide**
- **Mistreatment**
- **Homicide**

### Reporting the Death of a Member Receiving Home Health Services

These deaths should be reported using the [Home Health Critical Incident Form](#), **even if the member was not receiving care at the time of death**. Complete reporting guidelines and definitions are included in the [BlueCare Tennessee Provider Administration Manual](#).

Please submit all forms relating to the death of a BlueCare Tennessee member by email to: [BlueCareQOC@bcbst.com](mailto:BlueCareQOC@bcbst.com). If email is not available, you may fax forms to 1-855-339-3022.

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## Reminder: Submitting Corrected Bills

When submitting a corrected bill to BlueCare Tennessee, here are a few reminders to help with the process.

- You have 120 days from the date of remittance on the original claim to submit a corrected bill.
- The date used for timely filing purposes remains the remit date of the original claim and not the correction or adjustment remit date.
- Processed claims (received on your Remittance Advice) that were paid incorrectly due to an error or omission should be filed as a “Corrected Bill.”
- Only submit a corrected bill if the original claim information was wrong or incomplete (Examples: additional/changed dates of service, procedure and/or diagnosis codes, units, member name, member ID number and/or charges that were not filed on the original claim.)

For all other adjustments and corrections please contact our [Provider Service Lines†](#).

Instructions on submitting corrected bills electronically are available in the [BlueCare Tennessee Provider Administration Manual](#).

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## Medicare Advantage

This information applies to BlueAdvantage (PPO)<sup>SM</sup> and BlueChoice (HMO)<sup>SM</sup> plans. BlueCare Plus (HMO SNP)<sup>SM</sup> is excluded unless stated otherwise.

### Help Your Patients Earn MyHealthPath® Rewards

#### *Coding Requirements for Annual Wellness Exams.*

In 2016, new and existing BlueAdvantage, BlueChoice and BlueCare Plus members can earn a reward for completing an annual wellness exam (AWE). Existing members must also complete the AWE to qualify for additional rewards for recommended preventive screenings like mammograms and colonoscopies.

**IMPORTANT:** For your patients to earn those rewards, you must file a claim for an annual wellness visit with one of the following codes: **G0402, G0438, G0439, 99387, 99397, 99342, 99385, 99395, 99386, 99396.**

You can find additional eligibility criteria on the Quality Care Rewards website in the [Member Wellness Incentive FAQ](#).

**Note:** The Annual Wellness Exam is a calendar year benefit, which means each member is entitled to one AWE in 2016 and one in 2017 regardless of the number of days between each exam. **It is not necessary to wait 365 days between exams.**

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### New Hearing Aid Benefit for BlueAdvantage and BlueChoice Members\*

Beginning in January 2017, BlueCross BlueShield of Tennessee's BlueAdvantage and BlueChoice plans will offer a new hearing aid benefit through TruHearing® that includes access to some of the most advanced hearing aids on the market. Hearing aids can be prohibitively expensive for many people, especially Medicare patients and those on a fixed income. TruHearing can lower a patient's cost from an average of \$2,300 per hearing aid to a copay of either \$599 or \$899 per aid.

If you have BlueAdvantage or BlueChoice patients with hearing loss who ask about hearing aids, please refer them to TruHearing at 1-844-222-3391, (TTY: 1-800-975-2674). TruHearing will find a qualified hearing health care provider who will provide a comprehensive hearing exam and talk with them about treating their hearing loss with hearing aids. TruHearing's Provider Relations team is also available to answer your questions at 1-866-581-9462.

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### New High-Tech Imaging Authorization Vendor

Starting Jan. 1, 2017, BlueCross will partner with NIA-Magellan for high-tech imaging and cardiac diagnostic authorizations for Medicare Advantage and BlueCare Plus products. Authorization requests can be initiated by phone or online through BlueAccess.

**This change does not impact BlueCross Commercial or BlueCare lines of business. They will continue to use eviCore for these services.**

More information will be shared in the December issue of *BlueAlert*.

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## Completed CMS-2728-U03 Required for Dialysis Clinic Claim Reimbursement

Effective Jan. 1, 2017, initial dialysis clinic claims filed with Type of Bill 072X will also require submission of a completed [CMS-2728-U03 form](#). Reimbursement will not be considered for dialysis clinic claims if a completed CMS-2728-U03 form is not on file with BlueCross. The initial and subsequent claims will be denied requesting that the provider submit the completed form.

Providers may submit the applicable CMS-2728-U03 form by fax to (423) 535-5498, or by mail at:

BlueCross BlueShield of Tennessee  
Attn: BlueAdvantage Revenue Reconciliation  
1 Cameron Hill Circle, Ste 0002  
Chattanooga, TN 37402-0002



**This information applies to all lines of business unless stated otherwise.**

## Improving Chronic Obstructive Pulmonary Disease (COPD) Awareness

Many individuals with COPD are not aware of the direct and very severe impact of COPD exacerbations. As defined by the GOLD Initiative for COPD, an exacerbation is “an acute event characterized by a worsening of the patient’s respiratory symptoms that is beyond normal day-to-day variations and leads to a change in medication.” These exacerbations often cause a negative impact on the quality of life, symptoms, and lung function, accelerate lung function decline, and increase mortality and economic costs.

Evidence shows that most **patients with COPD who have had a recent inpatient hospitalization or emergency room visit can benefit from taking both a systemic corticosteroid and a bronchodilator.**

You can help maintain a high level of quality care by:

- Discussing tips to prevent further COPD flare ups, such as diligent cleaning of all respiratory equipment including oxygen tubing, nebulizers, and inhalers
- Reviewing the importance of filling prescriptions for COPD and identifying/addressing any barriers that prevent your patients from taking their medicines
- Referring your patients to a pulmonary rehab programs or smoking cessation programs
- Updating flu and pneumonia vaccinations

Please contact us if you are treating one of our members with continuing health problems who could benefit from care coordination support.

## Reminder: Please Do Not Re-Enter Quality Care Rewards Portal Information

When entering patient information, please allow one monthly refresh for gaps to update in the Quality Care Rewards portal. If you do not see that a gap has updated as it should after one refresh, please contact your BlueCross Quality Outreach Manager or eBusiness at (423) 535-5717.

Please do not re-enter the same information into the portal because this could delay crossover of the gap closure record.

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## Final Push for Diabetes Screenings

According to the Centers for Disease Control and Prevention (CDC), diabetes affected more than 9.3 percent of the U.S. population in 2013. Tennessee is above the national average with more than 11 percent of Tennesseans living with diabetes in many counties.

You can help your patients control their diabetes by ensuring they complete the following screenings annually:

- Diabetic Nephropathy Screening – **Annual screening** can be done via urine specimen checks for microalbumin, or by documentation of treatment for nephropathy such as a visit to a nephrologist or member being prescribed an ACE inhibitor or ARB therapy.
- Hemoglobin A1c (HbA1c) – Monitoring blood levels helps ensure your patients have a **controlled HbA1c level less than 8 percent.**
- Diabetic Retinal Eye Exam – Help schedule your diabetic patients with an eye care professional for this important **annual exam.**
- Blood pressure control – **The goal is less than 140/80 mm HG.**

Performing these quality care checks is essential to achieve the best health outcomes and quality of life for your patients with diabetes. We may be able to assist your diabetic patients in getting to their optimal control with one of our Case Management or Population Health/Disease Management programs. Encourage your patients to call our “Member Service” number on the back of their member ID card or visit <http://www.bcbst.com/> and <http://bluecare.bcbst.com/index.html> for educational information and assistance.

Talk to your patients today about getting their diabetic screenings.

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## IMPORTANT REMINDER



Be sure your **CAQHProView™** profile is kept up to date at all times. We depend on this vital information.

## 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. Llámenos gratis al CoverKids 1-888-325-8386

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, disability or any other group protected by the civil rights laws. 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, 1-888-325-8386 for CoverKids or 1-800-263-5479 for TennCareSelect to report discrimination compliance issues.

For TTY help call 771 and ask for 888-418-0008.

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**\*Changes will be included in the appropriate 4Q 2016 provider administration manual update.**

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

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## †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 press 1. Then press 1 again if you are a provider and follow the prompts to reach **Network Contracts or Credentialing** to update your information; **and**
- Update your Provider profile on the [CAQH Proview™](#) website.

**Commercial Service Lines 1-800-924-7141**  
 Monday–Friday, 8 a.m. to 6 p.m. (ET)

**Commercial UM 1-800-924-7141**  
 Monday–Thursday, 8 a.m. to 6 p.m. (ET)  
 Friday, 9 a.m. to 6 p.m. (ET)

**Federal Employee Program 1-800-572-1003**  
 Monday-Friday, 8 a.m. to 6 pm. (ET)

<b>BlueCare</b>	<b>1-800-468-9736</b>
<b>TennCareSelect</b>	<b>1-800-276-1978</b>
<b>CoverKids</b>	<b>1-800-924-7141</b>
<b>CHOICES</b>	<b>1-888-747-8955</b>
<b>ECF CHOICES</b>	<b>1-888-747-8955</b>
<b>BlueCare Plus<sup>SM</sup></b>	<b>1-800-299-1407</b>
<b>BlueChoice<sup>SM</sup></b>	<b>1-866-781-3489</b>
<b>SelectCommunity</b>	<b>1-800-292-8196</b>

Available Monday–Friday, 8 a.m. to 6 p.m. (ET)

**BlueCard**

Benefits & Eligibility	<b>1-800-676-2583</b>
All other inquiries	<b>1-800-705-0391</b>

Monday–Friday, 8 a.m. to 6 p.m. (ET)

**BlueAdvantage 1-800-841-7434**  
**BlueAdvantage Group 1-800-818-0962**  
 Monday–Friday, 8 a.m. to 6 p.m. (ET)

### eBusiness Technical Support

Phone: Select Option 2 at **(423) 535-5717**

e-mail: [eBusiness\\_service@bcbst.com](mailto:eBusiness_service@bcbst.com)

Monday–Thursday, 8 a.m. to 6 p.m. (ET)

Friday, 9 a.m. to 6 p.m. (ET)

