



# Blue<sup>+</sup>alert

September 2016

## 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 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 Oct. 8, 2016

- **Endothelial Function Assessment (New)**
- **Home Pulse Oximetry (Revision)**
- **Genetic Testing for Epilepsy (Revision)**
- **Nonoperative Diagnostic Spinal Ultrasound (Echography/Sonogram) (Revision)**

Effective Nov. 23, 2016

- **Brentuximab Vedotin (Revision)**
- **Spinal Cord Stimulation and Peripheral Subcutaneous Field Stimulation for the Treatment of Pain (Revision)**

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

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### Clinical Practice Guidelines (Health Care Practice Recommendations) Updates

BlueCross BlueShield of Tennessee **Health Care Practice Recommendations** have been revised. A **2015 ACC/AHA/SCAI Focused Update** has been added to the **2013 Guideline for ST-Elevation MI**. This and other updates can be viewed in their entirety on the company website at <http://www.bcbst.com/providers/hcpr/>. Paper copies of any clinical practice guideline can be obtained by calling 1-800-924-7141, ext. 6705.

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## All Blue 2016 Workshops

You still have time to register for our annual All Blue Workshops:

Johnson City	Sept. 14
Knoxville	Sept. 15
Memphis	Sept. 21
Jackson	Sept. 22

Register today at <http://www.bcbst.com/providers/workshops/index.page>.

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## BlueCross Updating Opioid Prescription Policy Jan. 1

BlueCross continues to support the growing national effort toward more appropriate use of opioids. Beginning Jan. 1, 2017, long-acting opioid drug therapy will require prior authorization for members with pharmacy benefits in our Commercial and Medicare Part D plans.

This requirement assists the therapeutic treatment of chronic pain and prevents misuse of opioid analgesics. Authorization is required and will be granted for patients receiving cancer treatment or those under hospice or end of life care.

In compliance with the Centers for Medicare & Medicaid Services guidelines, newly defined quantity limits on long-acting and short-acting opiates will also be implemented on Jan. 1. In addition to a set number of units per prescription for these drugs, there will be a maximum 200mg Morphine Equivalent Dose (MED) over the previous 30 days for combined opiate therapy.

We will provide additional details when the official change to the Administrative Policy is published in November.

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## Preventive Care Saves Lives and Saves Patients Money

Preventive care improves quality of life — in many cases, it saves lives — and helps manage health care costs. At BlueCross BlueShield of Tennessee, our approach to encouraging prevention includes a combination of data-driven and personal outreach, along with strategic partnerships. We use data insights to drive hundreds of thousands of personalized outreach contacts each year by mail, phone, email and even text message.

Because we know health care providers are an essential link, we encourage our members to establish and maintain a relationship with a primary care doctor. And we support our physician partners by providing data and education about members' needs and quality standards.

See the full editorial on preventive care by Dr. Andrea Willis, BlueCross' Sr. Vice President and Chief Medical Officer in [The Tennessean](#).

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## Encourage Preventive Measures to Combat Flu

Flu season is upon us and as you know, it is very unpredictable and can vary in length and severity. Because flu viruses constantly change, please encourage your patients to take the appropriate preventive care measures to protect themselves.

**Patients 65 and older are at greater risk for serious complications from the flu and 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 high-risk patients 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 as soon as 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 or TennCareSelect

#### ➤ *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 with the exception of the intradermal-administered vaccine which is not available under VFC.

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.

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## NEW REQUIREMENT: Credentialing for Nurse Practitioners and Physician Assistants\*

BlueCross will soon require all nurse practitioners and physician assistants to complete the credentialing process before providing services to our members. All providers must be credentialed, even if they are employed by a physician or group contracted to provide services to BlueCross members. To begin the credentialing process, please complete the online [Provider Enrollment Form](#). If you have questions please call us at 1-800-924-7141 and select Option 2.

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## Have the Member ID Number Ready When Calling Us

To improve the quality of service you receive when calling the BlueCross Provider Service Line (1-800-924-7141), you will soon notice a small change when speaking the member ID number. You will first be prompted to speak the alpha prefix portion of the ID number. The *next* prompt will ask you to speak the numeric portion of the ID. If the ID does not contain an alpha prefix, please enter an asterisk (\*) on the phone keypad which will then prompt you to speak the numeric member ID.

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## Care Coordination and Exchange of Information

Coordination of care between Primary Care Physicians (PCP) and the Behavioral Health Care Practitioners (BHP) is critical to the well-being of the member. Individuals with mental health and substance use disorder often have poorer physical health status and outcomes, and also have significantly more gaps in care.

To support your efforts in providing the best medical care, BlueCross provides both behavioral and primary care providers with information about needed screenings and services for members. Additional resources are available for PCPs who are treating members with behavioral issues. Our PCP Consultation and Referral Line can put you in direct contact with a licensed psychiatrist when you have questions about mental health or substance abuse treatment and medications. This help line is staffed by people familiar with local resources who can arrange for care and save you or your office staff valuable time. Call 1-800-367-3403, Monday through Friday, 9 a.m. to 5 p.m. (ET).

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## Please Encourage Patients Not to Split Pills

Some of your patients may split their pills trying to save money by making their medications last longer. Pill-splitting can be dangerous, and it's important for you to encourage your patients not to do it.

Pill-splitting makes it difficult for both the patient and their physician to know how much of each medication has been taken and when, making it appear the patient is non-adherent to their prescription regimen. Patients may also not have the physical dexterity to split their pills accurately, or split the wrong medication.

Not every tablet can be split safely, for example extended release medications, those with narrow therapeutic windows like lithium, warfarin and enteric coated medications. This can result in a patient receiving a sub-therapeutic or supra-therapeutic dose and can also result in an increased risk for side effects.

It is important to remind patients to continue to take their medication as prescribed to ensure maximum effectiveness.

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## Updated: Coming Soon – Improved Prior Authorization Process for Provider-Administered Specialty Medications

BlueCross recently communicated we are changing the way we manage select specialty medications used to treat multiple sclerosis, rheumatoid arthritis, cancer and other serious, chronic conditions in order to help ensure our members get access to medically appropriate medications as quickly as possible.

BlueCross will be working with Magellan Rx Management to facilitate the prior authorization process for provider-administered specialty medications under the medical benefit for all lines of business. Magellan Rx is expected to begin managing this process for BlueCross Dec. 1, 2016.

Just as before, you may request prior authorizations online through our secure BlueAccess portal or by phone. These direct interactions with clinical pharmacists and board-certified physicians will help ensure we get all the information required to make the most informed and timely determination possible.

Please note that after Dec. 1, 2016, we will not be able to accept prior authorization requests for specialty medications by fax. Because more detailed information is being requested through the prior authorization process, and because we want to ensure you get faster responses from us, we are requiring online or phone prior authorization submissions. For assistance submitting your authorizations online using BlueAccess, please contact your [eBusiness Marketing Consultant](#).

The Provider-Administered Specialty Drug Lists vary by lines of business and are located online:

- **Medicare Advantage:** [www.bcbst.com/providers/medicare-advantage/Medicare-Advantage-Specialty-Pharmacy-List](http://www.bcbst.com/providers/medicare-advantage/Medicare-Advantage-Specialty-Pharmacy-List)
- **Commercial:** <http://www.bcbst.com/docs/pharmacy/2017-Provider-Administered-Specialty-Pharmacy-List.pdf> .
- **BlueCare Tennessee:** <http://bluecare.bcbst.com/forms/Provider%20Information/2017-Provider-Administered-Specialty-Pharmacy-List.pdf>

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## Changes to Musculoskeletal Program Prior Authorization for Commercial Plans

Effective immediately, the following CPT<sup>®</sup> codes will no longer be included on the musculoskeletal pain management prior authorization list for Orthonet to review:

Codes: C1767, C1778, C1787, C1816, C1820, C1822, C1883, C1897

The deleted codes **are subject to** medical necessity review with BlueCross.

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## Reminder: Claim Denials Due to Incorrect Submission

Since BlueCross implemented the CMS1500 Claim Form (02/12 Version) in January 2014, we continue to have a high volume of rejections due to changes made to several boxes on the form. For help to avoid claims denials, refer to the *NUCC 1500 Claim Form Instruction Manual* by clicking [here](#). The manual provides details for completing all boxes on the CMS1500 Claim Form.

**Note:** 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.

## 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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## Out-of-area Members May Have Member ID Cards With the “Blue Choice” Product Name

Products from other Blue Plans may have the same or similar names but can vary in product types. You may see “Blue Choice” on out-of-area member ID cards (i.e., Blue Cross Blue Shield of Texas), or during eligibility and benefits verification. Out-of-area BlueChoice plans are not the same as our BlueAdvantage products, BlueChoice (HMO)<sup>SM</sup> and BlueChoice Plus (HMO)<sup>SM</sup>.

Checking for eligibility and benefits before every member visit is the most reliable way to determine whether a patient is *in* or *out of network*, or is an *out-of-area* member.

Remember, out-of-area members have access to providers through the BlueCard<sup>®</sup> Program which links participating health care providers and the independent BlueCross and or BlueShield plans across the country and around the world through a single electronic network for claims processing and reimbursement. Out-of-area benefits are determined by the member's Home Plan and are paid based on the member's eligibility, contract provisions, the provider's network status, and the maximum allowable.

For additional information regarding out-of-area benefits, please see the BlueCard Program section in the [BlueCross BlueShield of Tennessee Provider Administration Manual](#).

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## Proof of Timely Filing

Proof of timely filing for a returned paper claim is the black and white copy of the claim with error codes listed at the top of the claim that was returned to the provider. Providers should always maintain a copy of the returned claim in case there is a question about timely filing. With new imaging technology, images of all rejected and accepted claims are maintained in our archives for future reference.

BlueCross generates the 277CA Health Care Information Status Notification (277CA) as proof of timely filing for electronically submitted claims. The 277CA supplies providers with the assigned payer claim control number of each claim received electronically. This control number should be maintained by the provider as proof of timely filing. Electronic claims submitted either directly or through a billing service/clearinghouse will automatically receive the 277CA in their electronic mailbox.

Contact [eBusiness Technical Support†](#) to learn more about retrieving your electronic reports.

**Note:** *Submission dates of claims filed electronically that are not accepted by BlueCross due to transmission errors are not accepted as proof of timely filing.*

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## Improvements to Provider Reconsideration and Appeals Process Coming Soon

It will soon be 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. Information will be shared on our provider web pages and training is being offered through the All Blue Workshops and other venues as available. More details will be communicated in the October issue of BlueAlert.

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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**

### Quest Diagnostics Lab Test Discontinued

As of Oct. 19, 2015, Quest Diagnostics no longer offers procedure code 86677-H. pylori serology/antibody testing. The recommended replacement tests are:  
83013 - H. pylori urea breath test, or  
87338 - H. pylori antigen enzyme immunoassay (EIA), stool.

Additional information can be found on Quest's website at <http://www.education.questdiagnostics.com/insights/61> and <http://www.education.questdiagnostics.com/insights/74>.

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### New THCI Programs Coming Soon

The State of Tennessee is continuing its development of the Tennessee Healthcare Innovation Initiative (THCI) through the expansion of its Patient-Centered Medical Home program and the development of the Tennessee Health Link.

Please refer to the State's website for more information:  
<https://www.tn.gov/hcfa/article/patient-centered-medical-homes>  
<https://www.tn.gov/hcfa/article/tennessee-health-link>

Additional updates will be provided in the October issue of BlueAlert.

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### Revenue Code 0636 Required Detailed Coding

Facilities should use the appropriate procedure/HCPCS codes when filing revenue code 0636. Providers can refer to the Uniform Billing Editor published by Optum for correct coding. Drugs filed with revenue code 0636 incorrectly will be denied.

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## TennCare Kids Screening Assistance Needed

*In 2015, Tennessee's EPSDT screening rates dropped to an average of 71% across all age groups.*

We need your help to:

- Schedule appointments and provide reminders to your patients.
- Partner with BlueCare Tennessee to conduct outreach events.
- Document all seven components of the TennCare Kids exam in the patient's medical record, including documentation of the nutritional assessment and physical activity portion of the exam.
- Bill appropriately to maximize reimbursement.
- Capitalize on opportunities during sick visits and sports physicals to perform TennCare Kids screens when possible.
- Ensure special needs members are getting their checkup.
- Bill us even if the member has other insurance. It is important that we capture the claim information. Even though you may not receive payment, claims data is collected that documents an increase in overall screening rates.

**Note:** Infants/toddlers should have 12 well-care checkups before their 3<sup>rd</sup> birthday. Children ages 3 through 20 should get a TennCare Kids well-care checkup every year.

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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.**

## Home Health Therapy Revenue Codes Added to Avoid Incorrect Denials

To reduce the number of incorrect line item denials for home health therapy evaluations, the following revenue codes have been added to easily distinguish the evaluation visit from the actual therapy services. The revenue codes for the evaluations will be reimbursed the same rate as the corresponding therapy service outlined in the provider contract agreements.

### Revenue Code Additions:

Home Health Agency Physical Therapy Evaluation – 0424

Home Health Agency Occupational Therapy Evaluation – 0434

Home Health Agency Speech Therapy Evaluation – 0444

There are no authorization requirements for the evaluation services, however prior authorization *is* required on all other home health therapy services. Prior authorization requests can be submitted via:

Phone: 1-866-747-0586

Fax: 1-866-747-0587

BlueAccess: [www.bcbst-medicare.com](http://www.bcbst-medicare.com)

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## New Part B Specialty Medications Requiring Authorization

The following Part B specialty medications will require authorization for Medicare Advantage patients as of Dec. 1, 2016.

- Actemra, Tocilizumab, J3262
- Bendeka, Bendamustine Inj., J9033
- Carimune NF, Intravenous Immune Globulin, J1566
- Cinqair, Reslizumab, J3590
- Elaprase, Idursulfase, J1743
- Entyvio, Vedoluzumab, J3380
- Flebogamma, Intravenous Immune Globulin, J7323
- Gammagard S/D (powder), Immune Globulin, J1566
- Gammaked, Intravenous Immune Globulin, J1561
- Gammaplex, Intravenous Immune Globulin, J1557
- Gel-Syn, Hyaluronan or Derivative, J7328
- Genvisc, Hyaluronan or Derivative, Q9980
- Hymovis, Hyaluronan or Derivative, C9471
- Hyqvia, Immune Globulin Infusion 10%, J1575
- Mircera (ESRD on dialysis), Methoxy polyethylene glycol-epoetin beta, J0887
- Mircera (non ESRD), Methoxy polyethylene glycol-epoetin beta, J0888
- Monovisc, Hyaluronic acid, J7327
- Mozobil, Plerixafor, J2562
- Privigin, Intravenous Immune Globulin, J1459
- Procrit/Epogen (non ESRD), Epoetin Alfa, J0885
- Simponi Aria, Golimumab, J1602
- Stelara, Ustekinumab, J3357
- Tecentriq, Atezolizumab, J9999
- Xeomin, Incobotulinumtoxin, J0588
- Yervoy, Ipilimumab, J9228

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## Help Your Patients Earn MyHealthPath<sup>®</sup> Rewards

### *Coding Requirements for Annual Wellness Exams*

In 2016, new and existing BlueAdvantage, BlueChoice<sup>SM</sup> and BlueCare Plus<sup>SM</sup> 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 preventive screenings like mammograms and colonoscopies.

**IMPORTANT:** In order for your patients to earn those rewards, a claim for an annual wellness exam must be filed with one of the following codes: **G0402, G0438, G0439, 99387, 99397, 99342, 99385, 99395, 99386, 99396.**

Additional incentive eligibility criteria can be found on the [Quality Care Rewards website](#).

**Note:** The annual wellness exam is a calendar year benefit, which means each member is entitled to one AWE in 2015, one in 2016, etc. regardless of the number of days between each exam. **It is not necessary to wait 365 days between exams.**

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## BlueAdvantage Case Management Offers Social Services

In addition to clinical nurses, BlueCross Medicare Advantage Case Management has licensed social workers on staff to assist your patients who are facing barriers with their environmental, medical and behavioral health care, and who require assistance finding community resources and support services.

Our social workers can provide assistance with:

- Complicated discharge planning from acute care and post-acute care admissions.
- Medication – Information available for your patients on manufacture or foundation assistance programs, as well as application information for Low Income Subsidy (LIS), Qualified Medicare Beneficiary Program (QMB), Specific Low Income Medicare Beneficiary Program (SLMB) and Medicaid.
- Caregiving – Information about the CHOICES/Options programs and area caregiving agencies.
- Finances – Local agencies that provide emergency financial assistance to those that qualify.
- Food – Local food banks and pantries, as well as information about applying for food stamps.
- Transportation – Contact information and applications for local transportation services.
- End of life – Advanced Directive information and Appointment of Healthcare Surrogate forms.
- Support Groups – Information on local support groups.
- Vision/Hearing – Obtaining eye glasses and hearing aids.
- Dental – Information on sliding scale clinics in the patient's area.

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## Reminder: Submit Form CMS-2728 as Mandated by CMS for ESRD Patients

For all patients entitled to Medicare benefits with end stage renal disease (ESRD), the Centers for Medicare & Medicaid Services (CMS) requires their [Form 2728](#) to be submitted within 45 days of the start of dialysis services. Instructions are available beginning on page four of the form.

The form can be submitted electronically through [CROWNWeb](#), a web-based data collection system mandated by CMS to enable dialysis facilities to meet the requirements for collecting administrative and clinical data by all Medicare-certified dialysis facilities.

For more information, please contact Jennifer Cross at (423) 535-5969 or email [Jennifer\\_Cross@BCBST.com](mailto:Jennifer_Cross@BCBST.com).

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

## Host a Screening Day for Your Patients

Do you have patients who need screenings that you can't provide in your office? BlueCross can help. Our health partners are able to provide mobile screening services for members. Mobile units offer diabetic retinal eye exams, bone density screenings, imaging services and more at your office, making it convenient for your patients to get more of their needed screenings completed at the same visit.

### Interested?

Medicare Advantage: Contact Carmen LeVally at BlueCross, (423) 535-8325

Commercial: Contact: Dustin Knight, (423) 535-8153

### We can schedule patients for you too

Our Member Outreach teams can help schedule these events for patients who are attributed to your office. Just let us know if you'd like assistance with scheduling when you inquire about hosting a screening day at your practice.

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## Important Screenings for Men's Health

According to the American Cancer Society (ACS), prostate cancer is the second most common cancer among men. However, it can often be treated successfully, especially with early detection.

Recommending prostate-specific antigen, (PSA), testing in conjunction with in-office digital rectal exams, is especially important for your male patients ages 50-69 or as early as age 40 for those with increased risk factors. ACS guidelines for screening frequencies encourage yearly testing for men with PSA levels 2.5 and above, rather than retesting every two years.

The National Committee for Quality Assurance recommends PSA screenings for men 70 and older who are clinically appropriate in accordance with the following conditions:

- There was a diagnosis of prostate cancer during the measurement year
- There was a dysplasia of the prostate diagnosis during the measurement year or year prior
- A PSA value of  $>4.0$  during the year prior to the measurement year
- Member has been dispensed prescription for 5-alpha reductase inhibitor during the measurement year (dutasteride or finasteride--- Brand examples: Avodart, Propecia, Jalyn, Proscar)

Help increase awareness by promoting this important screening to your patients. For more information on prostate cancer, contact the [American Cancer Society](#).

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## Annual Wellness Exams Key to Optimal Care

Preventive health maintenance starts with scheduling your patients for their annual wellness visit. Help your patients remember to take time for their yearly checkup. It is important to monitor their health and any chronic condition(s) they may have, as well as a great opportunity to make sure all their screenings are up to date.

To deliver optimal quality care, **encourage all patients 20 years old and older to have at least one or more preventive care visits with a primary care provider every year.** Optimal quality care includes:

- Educating your patients on the importance of regular checkups and preventive care screenings
- Documenting a visit and evidence of the following in your patient's medical record:
  - Complete history and physical exam, appropriate screenings tests, immunizations
  - BMI with height and weight clearly documented
  - Education/anticipatory guidance for nutrition, smoking cessation, alcohol and/or drug avoidance, fall prevention, birth control and spacing, physical activity and fitness, advance health directives, etc.
- Submitting claims in encounter data quickly and accurately

With your help, we can help improve overall health outcomes and deliver peace of mind through better health.

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## Fall Prevention Key to High Quality of Life for Older Adults

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

- Remove loose rugs from the floor.
- Add non-skid surfaces in the shower.
- Remove clutter, especially in hallways.
- Move electrical cords that are running across the floor.
- Maintain good lighting, especially in stairwells and halls.
- Install handrails near the toilet, tub and stairways.
- Move things on high shelves to lower ones.
- Wear shoes in the house instead of slippers or bare feet.

Visit <https://www.cdc.gov/steady/> for provider oriented practices to help your patients prevent dangerous falls.

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## Heart Healthy Benefits for BlueAdvantage and BlueChoice Members

Heart health is critically important and BlueCross provides benefits to your BlueAdvantage and BlueChoice patients designed to keep them 'heart healthy'. Talk to them about the importance of physical activity and let them know about SilverSneakers®, a free gym membership that is included with their BlueAdvantage Health Plan. SilverSneakers has hundreds of participating locations across Tennessee.

In addition to physical activity, reminding your patients about taking steps to make sure their blood pressure is under control and maintaining adherence with their prescriptions for conditions like high cholesterol or hypertension, can help boost your Quality Rewards scores.

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### IMPORTANT REMINDER



PROVIEW™

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

## † Provider Service Lines

### 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?

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**\*Changes will be included in the appropriate 3Q or 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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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.

### 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 1-800-574-1003**  
 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 **1-800-676-2583**  
 All other inquiries **1-800-705-0391**  
 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)

