Enhancements Added to Eligibility and Benefits Inquiry in Availity®

With Availity, you can securely review claim status, check patient benefits and eligibility, see remittance advice and access our other applications and updates any time.

Now, we’ve added something new to the Eligibility and Benefits Inquiry. You can now see additional information for outpatient surgery benefits.

You can find benefit information in multiple categories based on place of service, provider type and member coverage. For additional information on updates and enhancements, please refer to the Availity Knowledge Center.

To get your office started with Availity, please contact your eBusiness Regional Marketing Consultant or visit Availity.com.

For technical questions about Availity, please call them at 1-800-282-4548. You can also contact our eBusiness team at (423) 535-5717, option 2, or by email at eBusiness_service@bcbst.com.
Maintaining Provider Information with CAQH Eases Recredentialing Process

Providers in our networks must recredential at least once every three years and we want that process to be easy. So we use the Council for Affordable Quality HealthCare (CAQH) database to help with recredentialing. You can easily review and update your information at Solutions.CAQH.org. In the near future, we’ll move toward using the CAQH database as the source for a larger portion of our provider information, making the exchange of information easier and more efficient for you and your office.

Claim Filing Update for Ambulatory Surgical Centers

Ambulatory Surgical Centers (ASC) should file institutional claims with the CMS-1450/ANSI-837 form (as stated in your BlueCross provider agreement) for services provided to our members enrolled in these plans:

- Commercial (including FEP)
- BlueCare℠
- TennCare Select
- CoverKids℠

We’ve previously accepted both institutional and professional claims from an ASC. However, as of June 1, 2019, we’ll only reimburse an ASC for institutional claims for these members.

If Medicare is the primary carrier on the claim and you include the explanation of benefits (EOB)/remit advice with your submission, we can make an exception to this rule. However, in all other cases we’ll need to return your claim and ask you to resubmit it as an institutional transaction.

**Note:** We’ll only accept paper claims if you have a technical issue or temporary situation that prevents you from submitting claims online. To report this type of issue, please call our eBusiness Department at (423) 535-5717, option 2, or send an email to eBusiness_service@bcbs.com.
Changes Related to NDC and J-Codes
Since 2014, we’ve required the National Drug Code (NDC) on all institutional and professional claims for provider-administered medications. Starting Sept. 1, 2019, we’ll reject claims submitted without the NDC. Providers should refer to our Provider Administration Manuals for more information.

Coming Soon: New Ways to Request Provider-Administered Specialty Drug Prior Authorizations for Federal Employee Program Members
In October, you’ll have two new ways to request prior authorization for provider-administered specialty drugs for Federal Employee Program (FEP) members. Starting Oct. 1, you’ll be able to log in to Availity.com or call FEP customer service at 1-800-572-1003 Monday through Friday from 8 a.m. to 6 p.m. ET. When calling, listen for the specialty drug authorization prompt that will connect you directly to MagellanRx, who manages these prior authorizations. Please note that we will no longer accept faxed or mailed prior authorization requests as of Oct. 1, 2019. Look for more details in upcoming issues of BlueAlert.
Document All Seven Parts of a TennCare Kids Checkup

TennCare Kids Early and Periodic Screening, Diagnostic and Treatment (EPSDT) checkups have seven key components:

- Comprehensive health (physical and mental) and developmental history
  - Initial and interval history
  - Developmental/behavioral assessment
- Comprehensive unclothed physical exam
- Vision screening
- Hearing screening
- Laboratory tests
- Immunizations
- Health education/anticipatory guidance

When your BlueCare Tennessee patients receive their well-child checkups, please document all seven required parts of the exam, as well as assessments of your patients’ nutrition and physical activity. Include this documentation in both your patients’ electronic medical records and the initial EPSDT record that you send to us.

Additionally, the claim submitted for EPSDT visits must match your patients’ medical records and contain codes for all parts of the well visit, including the physical exam, milestone and depression screenings, and vaccines.

For more information about EPSDT coding and medical documentation requirements, please refer to our EPSDT booklet.

Note: This information doesn’t apply to CoverKids.

Is it Time to Revalidate Your Medicaid ID?

The Centers for Medicare & Medicaid Services (CMS) requires all providers to maintain a Medicaid ID to serve in our BlueCare, TennCare Select and CoverKids℠ networks. If your Medicaid ID expires, we’ll have to remove you from these networks and reassign any members assigned to you. If your Medicaid ID expires soon, please revalidate it by visiting the Division of TennCare’s website.
Influenza and Tdap Vaccine Reimbursement Update

All children and teens enrolled in TennCare qualify for the Vaccines for Children (VFC) program. Through this program, their providers can receive free vaccine serums through the Tennessee Department of Health. As a result, we’ve only reimbursed these providers an administration fee for vaccine delivery.

Starting in August, we’re making a change to help address the needs of patients under the age of 18 who are pregnant. Since OB/GYNs don’t typically participate in the VFC program, they aren’t eligible to receive free vaccines from the Department of Health. So effective Aug. 1, 2019, we’ll begin covering flu and Tdap vaccines for teens who are pregnant outside of the VFC program. That means if you’re an OB/GYN caring for one of these patients, we’ll reimburse you for the cost of these vaccines in addition to the administration fee for giving them.

Note: This doesn’t apply to CoverKids.

Prior Authorization Required for Secondary Claims

Please remember that prior authorization requirements apply when you submit claims for secondary payment from BlueCare or TennCare Select. Prior authorization is not necessary if the primary carrier provided benefits and there are no plans to file a secondary claim.

Begin Using Our New PDN and Home Health Forms Today

As announced in the June BlueAlert, home health providers now have access to four new forms for private duty nursing (PDN) and home health services. The forms are available online at the links below:

- Initial Member/Caregiver Training Checklist
- Private Duty Nursing/Home Health Plan of Care
- Private Duty Nursing Home Plan of Care Agreement
- Recertification Member/Caregiver Training Checklist

Beginning July 1, 2019, please use the new forms to submit the required patient information to us. If you have questions or would like to view the MCO Collaborative WebEx presentation hosted by the Tennessee Association for Home Care, please reach out to your provider network manager.

Note: These forms don’t apply to CoverKids.

Note: This doesn’t apply to CoverKids.
BlueCare Plus (HMO SNP)SM

This information applies to our Medicare and Medicaid, dual-eligible special needs plan.

New Authorization Requirement for Cosmetic Procedures

Starting Sept. 1, 2019, you’ll need prior authorization for procedure codes that may be cosmetic. Prior authorization includes a medical review to determine whether a procedure is medically necessary due to functional impairment, or whether it’s considered cosmetic. Cosmetic procedures are not covered by Medicare. Prior authorization will help members know if they’ll pay out of pocket before the service is provided.

Medicare Advantage

This information applies to our BlueAdvantage plans.

Provider Assessment Form Changes

We wanted to let you know about some changes we made in May to the Provider Assessment Form (PAF) in the Quality Care Rewards tool:

- Your date of service needs to be within 30 days of the current date to submit the PAF.
- PAFs that remain in the “In Progress” or “Pending” status for 90 days will be voided from the system, and you’ll need to create a new PAF.
- You won’t be able to submit a PAF with a date of service after the current date.

These changes comply with CMS’ expectation that the PAF is completed when you have a face-to-face evaluation with your patient.

New Authorization Requirement for Cosmetic Procedures

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Quality Care Rewards

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

THCII Episodes of Care Program Final Performance Reports Coming Soon

Quarterbacks participating in the Tennessee Health Care Innovation Initiative (THCII) Episodes of Care Program will have their Quarterly Reports, including 2018 Final Performance Reports for Medicaid and Commercial lines of business available in August. We’ll release these reports in Availity.

If you have trouble accessing your quarterly report, please call eBusiness Support at (423) 535-5717, option 2, or email eBusiness_Service@bcbst.com.
BlueCross BlueShield of Tennessee complies with the applicable federal and state laws, rules and regulations and does not discriminate against members or participants in the provision of services on the basis of race, color, national origin, religion, sex, age or disability. If a member or participant needs language, communication or disability assistance, or to report a discrimination complaint, please, call 1-800-468-9698 for BlueCare, 1-888-325-8386 for CoverKids or 1-800-263-5479 for TennCare Select. For TTY help call 771 and ask for 1-888-418-0008.

This information is educational in nature and is not a coverage or payment determination, reconsideration or redetermination, medical advice, plan pre-authorization or a contract of any kind made by BlueCross BlueShield of Tennessee. Inclusion of a specific code or procedure is not a guarantee of claim payment and is not instructive as to billing and coding requirements. Coverage of a service or procedure is determined based upon the applicable member plan or benefit policy. For information about BlueCross BlueShield of Tennessee member benefits or claims, please call the number on the back of the member’s ID card.

Archived editions of BlueAlert are available online. CPT® is a registered trademark of the American Medical Association.

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### Provider Service Lines:

Featuring “Touchtone” or “Voice Activated” Responses

<table>
<thead>
<tr>
<th>Service Line</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td><strong>Commercial Service Lines</strong></td>
<td>1-800-924-7141</td>
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<tr>
<td><strong>Monday-Friday, 8 a.m. to 6 p.m. (ET)</strong></td>
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<tr>
<td><strong>Commercial UM</strong></td>
<td>1-800-924-7141</td>
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<tr>
<td><strong>Monday-Thursday, 8 a.m. to 6 p.m. (ET)</strong></td>
<td>1-800-924-7141</td>
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<tr>
<td><strong>Friday, 9 a.m. to 6 p.m. (ET)</strong></td>
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<tr>
<td><strong>Federal Employee Program</strong></td>
<td>1-800-572-1003</td>
</tr>
<tr>
<td><strong>Monday-Friday, 8 a.m. to 6 p.m. (ET)</strong></td>
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</tr>
<tr>
<td><strong>BlueCare</strong></td>
<td>1-800-468-9736</td>
</tr>
<tr>
<td><strong>TennCare Select</strong></td>
<td>1-800-276-1978</td>
</tr>
<tr>
<td><strong>CoverKids</strong></td>
<td>1-800-924-7141</td>
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<tr>
<td><strong>CHOICES</strong></td>
<td>1-888-747-8955</td>
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<tr>
<td><strong>ECF CHOICES</strong></td>
<td>1-888-747-8955</td>
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<tr>
<td><strong>BlueCare Plus®</strong></td>
<td>1-800-299-1407</td>
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<tr>
<td><strong>SelectCommunity</strong></td>
<td>1-800-292-8196</td>
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<tr>
<td><strong>Monday-Friday, 8 a.m. to 6 p.m. (ET)</strong></td>
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<tr>
<td><strong>BlueCard</strong></td>
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<tr>
<td><strong>Benefits &amp; Eligibility</strong></td>
<td>1-800-676-2583</td>
</tr>
<tr>
<td><strong>All other inquiries</strong></td>
<td>1-800-705-0391</td>
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<tr>
<td><strong>Monday-Friday, 8 a.m. to 6 p.m. (ET)</strong></td>
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<tr>
<td><strong>BlueAdvantage</strong></td>
<td>1-800-924-7141</td>
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<tr>
<td><strong>Monday-Friday, 8 a.m. to 6 p.m. (ET)</strong></td>
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<tr>
<td><strong>eBusiness Technical Support</strong></td>
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<tr>
<td><strong>Phone:</strong></td>
<td>(423) 535-5717</td>
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<tr>
<td><strong>Email:</strong></td>
<td><a href="mailto:eBusiness_service@bcbst.com">eBusiness_service@bcbst.com</a></td>
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**Important 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.