Use Availity® to Get the Answers You Need

Through Availity, you can get the answers you need 24 hours a day, seven days a week. Not only can you transact with us online, you have access to other payers, too – all through one convenient portal.

Log in today to:

- Check claim status
- See remittance advice
- Check benefits and eligibility status
- Access our other applications and updates on the BlueCross-specific Payer Space

(continued on page 2, left column)
New Enhancements Added to Eligibility and Benefits
We’ve added new enhancements to the Eligibility and Benefits Inquiry. You’ll now have these options:

- New Benefit/Service types:
  - Allergy and Allergy Testing
- Benefit reset date (calendar year vs. plan year) will now be populated

Check Status of Medicare Crossover Claims
If you need to check claim status or search for out-of-state Medicare crossover claims, you can:

- Select Claims Status and enter information in search field.
  - If claim is not found, click on "Are you looking for a Medicare Primary Claim?"
- Enter required fields and submit.
- Claim list results will display.

For questions about Availity, please call Availity at 1-800-AVAILITY (1-800-282-4548) or our eBusiness technical support team at (423) 535-5717, option 2. You can also send them an email at ebusiness_techsupport@bcbst.com.

For any other questions, contact your Provider Network Manager. You can use our Find Your BlueCross Contact tool on our website to get contact information for your Provider Network Manager.

If you need help getting your office started with Availity, you can contact your eBusiness Regional Marketing Consultant for training and education or visit Availity.com/bcbst.

Register for an All Blue Workshop 2019 in a City Near You
Registration is now open for our annual All Blue Workshops. Space is limited, so sign up today.

- March 7, 2019 – Chattanooga
  Embassy Suites Chattanooga
  2321 Lifestyle Way, Chattanooga, TN 37421
- March 12, 2019 – Memphis
  Holiday Inn University of Memphis
  330 Innovation Drive, Memphis, TN 38152
- March 13, 2019 – Jackson
  DoubleTree Jackson
  1770 Highway 45 Bypass, Jackson, TN 38305
- March 18, 2019 – Nashville
  Marriott Nashville Airport
  600 Marriott Drive, Nashville, TN 37214
- April 16, 2019 – Kingsport
  MeadowView Marriott
  1901 Meadowview Parkway, Kingsport, TN 37660
- April 17, 2019 – Knoxville
  Knoxville Convention Center
  701 Henley Street, Knoxville, TN 37902
Updates to the Provider Dispute Resolution Procedure
We’re revising our Provider Dispute Resolution Procedure so you can skip the reconsideration step in the process if you prefer. In the past, we returned any appeals forms that didn’t include a processed reconsideration, and asked you to resubmit and go through the reconsideration step first.

Starting April 1, 2019, you may submit an appeal form without first going through reconsideration. That means you’ll waive the right to that level of review and your dispute will go directly to appeals. If the dispute remains, the next step is binding arbitration. For BlueCare or TennCare Select members providers can also file a request with the Commissioner of Commerce and Insurance for an independent review. The response to a Reconsideration or Appeal under the BlueCross BlueShield of Tennessee Provider Dispute Resolution Procedure will be considered by the State of Tennessee to satisfy the requirement of a Reconsideration under the Independent Review process as defined in Tennessee Code Annotated §56-32-126.

Although we’re streamlining this process for convenience, we strongly encourage you to go through the full process and include the reconsideration step so your dispute will be reviewed more than once before binding arbitration.

Please note that this update doesn’t apply to our Utilization Management or Provider Audit appeals processes.

Cite Guideline Transparency Tool Now Available
You can now review MCG and BlueCross medical content before requesting an authorization with MCG’s new Cite Guideline Transparency (CGT) tool. Find the tool in Availity or on our Utilization Management web page under the Cite Guideline Transparency link, where you’ll also find the CGT quick reference guide.

If you have questions, please contact your eBusiness Regional Marketing Consultant.

Allergy Immunotherapy Reimbursement Update
Effective April 1, 2019, we’ll be updating our Commercial health plan reimbursement policy for allergy immunotherapy. This long-term treatment decreases allergen sensitivity and relieves symptoms, and is a clinical approach that consists of allergy immunotherapy subcutaneous injections.

Currently, the Commercial benefit defines a dose of allergen immunology as 1cc of extract and limits reimbursement so as not to exceed 30 doses per day. After April 1, our Commercial health plan reimbursement policy for allergy immunotherapy will reimburse an annual limit of up to 160 doses per patient, per year.

To make sure your claims are reimbursed appropriately, please see the specific billing requirements and additional details in the Provider Administration Manual, which reflects this change.

If you still have questions or need more information, please contact your network manager.

Changes to High Tech Imaging Program Prior Authorization for Commercial Plans
Beginning May 1, 2019, the following CPT® codes will require authorization through the High Tech Imaging Program administered by eviCore:

76391    77047    77049
77046    77048

Beginning May 1, 2019, the following CPT® codes will be removed from the authorization requirements through the High Tech Imaging Program administered by eviCore:

0159T    77059    C8907
77058    C8904

Before requesting prior authorization, please verify member benefits and eligibility by logging in to Availity and clicking Patient Registration then Eligibility and Benefits Inquiry.

You can submit prior authorization requests through Availity.com, or you may fax to eviCore at 1-888-693-3210 or by calling 1-888-693-3211.

New Prior Authorization Requirement for Provider-Administered Specialty Medications
The following new-to-market medications are on our Provider-Administered Specialty Pharmacy Lists and require prior authorization for all lines of business:

Added Feb. 1, 2019:
Onpattro Takhzryo Lumoxiti Poteligeo Panzyga Synojoynt

Added March 2, 2019:
Libtayo Revcovi Tegsedi Yutiq

You can find information on all medications that require prior authorization on our website.
Billing Accuracy and Cost Control
Please note that an itemized statement is required for all Commercial inpatient facility services that are reimbursed at a percent of charges. Please submit your itemized bills through the faxed paperwork (PWK) attachment process. If we don’t receive the required documents, your claims may be denied or returned. If they’re returned, you’ll need to resubmit the claim as well as the itemized bill.

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

Billing Guidelines for Retinal Use of Avastin (Bevacizumab)
Effective April 1, 2019, ophthalmologists and pediatric ophthalmologists caring for BlueCare, TennCareSelect and CoverKids members must use HCPCS Code J7999 when billing intravitreal Avastin for treatment of retinal disease. Ophthalmology claims for intravitreal Avastin billed with J9035 will be denied.

For more information about BlueCare Tennessee and CoverKids billing and reimbursement policies, please see the BlueCare Tennessee Provider Administration Manual.

Convert Sports Physicals to Well-Child Exams for Your BlueCare Tennessee Patients
At the beginning of every new sports season, your office probably gets calls from parents who need to schedule their child’s sports physical. Stand-alone sports physicals and their corresponding codes aren’t covered services for BlueCare, TennCareSelect and CoverKids members. However, if a child is due for a well-child checkup, you can convert these visits to TennCare Kids Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exams. Conducting an EPSDT exam lets you satisfy all components of a sports physical and receive reimbursement for BlueCare and TennCareSelect members.

Additionally, completing these exams at the same time patients visit your office for sports physicals or other types of care gives you an important opportunity to make sure children and teens who are past due for well-child care get back on track with needed preventive services.
Medicare Advantage

This information applies to BlueAdvantage (PPO)SM. BlueCare Plus (HMO SNP)SM is excluded unless stated otherwise.

Bill Same Dates of Service on Same Claim
When you provide several services to a BlueAdvantage patient on the same day, please bill all of these services as a single claim. Splitting services into multiple claims may cause errors and/or reimbursement delays.

Step Therapy for Certain Medicare Part B Drugs
BlueAdvantage and BlueCare Plus have implemented a step therapy program for certain Part B drugs as part of a patient-centered care coordination program. This only affects members who are new to therapy.

Prior authorization and step therapy is in line with CMS regulations and required for the following Part B drugs: Aloxi/Sustol, Fusilev, Prolia/Xgeva and Eylea. Treanda and Abraxane were listed in December and January BlueAlert articles but no longer require step therapy. You can view our online medical policies by clicking here.

BlueCare Plus Model of Care Training
BlueCare Plus providers are required to complete our Model of Care Training after initial contracting, then every year afterwards. This training is designed to promote quality of care and cost effectiveness through coordinated care for our dual eligible Medicaid and Medicare members with complex, chronic or catastrophic health care needs. You can access the online self-study training and attestation by clicking here.
Quality Care Partnerships
This information applies to all lines of business unless stated otherwise.

Reimbursement Changes as Part of Our Medicare Advantage Quality+ Partnerships Incentive Program
If you participated in our Medicare Advantage Quality Incentive Program in 2018, we’ll send you a letter later this month announcing changes that will impact reimbursement rates for services on or after April 1, 2019. If you haven’t received your letter or need more information about these changes, please call your Medicare Quality Outreach contact.
BlueCross BlueShield of Tennessee complies with the applicable federal and state laws, rules and regulations and does not to 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 TennCareSelect. For TTY help call 771 and ask for 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.

*Changes will be included in the next provider administration manual update as applicable. Until then, please use this communication to update your provider administration manual.

Archived editions of BlueAlert are available online.

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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:

- Email a completed Provider Change Form and any attachments to us at PNS_GM@bcbst.com.
- Update your provider profile on the CAQH ProView™ website.
- **Questions?** Call 1-800-924-7141

### Provider Service Lines

**Featuring “Touchtone” or “Voice Activated” Responses**

<table>
<thead>
<tr>
<th>Service Line</th>
<th>Phone</th>
<th>Hours</th>
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</thead>
<tbody>
<tr>
<td><strong>Commercial Service Lines</strong></td>
<td>1-800-924-7141</td>
<td>Monday-Friday, 8 a.m. to 6 p.m. (ET)</td>
</tr>
<tr>
<td><strong>Commercial UM</strong></td>
<td>1-800-924-7141</td>
<td>Monday-Thursday, 8 a.m. to 6 p.m. (ET) Friday, 9 a.m. to 6 p.m. (ET)</td>
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<tr>
<td><strong>Federal Employee Program</strong></td>
<td>1-800-572-1003</td>
<td>Monday-Friday, 8 a.m. to 6 p.m. (ET)</td>
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<tr>
<td>BlueCare</td>
<td>1-800-468-9736</td>
<td></td>
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<tr>
<td>TennCareSelect</td>
<td>1-800-276-1978</td>
<td></td>
</tr>
<tr>
<td>CoverKids</td>
<td>1-800-924-7141</td>
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<tr>
<td>CHOICES</td>
<td>1-888-747-8955</td>
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<tr>
<td>ECF CHOICES</td>
<td>1-888-747-8955</td>
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<tr>
<td>BlueCare Plus™</td>
<td>1-800-299-1407</td>
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<tr>
<td>SelectCommunity</td>
<td>1-800-292-8196</td>
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<tr>
<td>BlueCard</td>
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<tr>
<td>Benefits &amp; Eligibility</td>
<td>1-800-676-2583</td>
<td>Monday–Friday, 8 a.m. to 6 p.m. (ET)</td>
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<tr>
<td>All other inquiries</td>
<td>1-800-705-0391</td>
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<tr>
<td>BlueAdvantage</td>
<td>1-800-841-7434</td>
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<tr>
<td>BlueAdvantage Group</td>
<td>1-800-818-0962</td>
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<tr>
<td><strong>eBusiness Technical Support</strong></td>
<td>Phone: Select Option 2 at (423) 535-5717</td>
<td>Monday-Thursday, 8 a.m. to 6 p.m. (ET) Friday, 9 a.m. to 6 p.m. (ET)</td>
</tr>
</tbody>
</table>

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