Enhancements in Availity

We’re constantly updating Availity to improve how you do business with us. To meet Provider Stability Act requirements, we’re offering you more ways to get messages from us. By updating your Contact Preferences, you can opt-in to make email your preferred communication method. We’re also adding new Contact Types and, starting in October, you can select how you want to receive General Correspondence and Operational information.

We’ve made updates to Contact Preferences to improve usability. We’ve added a notification to let you know if we’ve had issues with your email address. You can also now tell us if you wish to opt-out of receiving emails. Be sure to check your contact preferences to make sure you’re getting important contracting messages and announcements that apply to you. Please continue to look for updates under the News & Announcements and Notification Center sections of Availity.

INSIDE THIS ISSUE

BlueCross BlueShield of Tennessee, Inc.

Enhancements in Availity
Look for Major Improvements to the Provider Change Submission Process in Late 2019
Enrollment Process Improvements Coming for Nurse Practitioners and Physician Assistants in late October
Redesigned Provider Web Pages to Launch Later this Year
Get Ready for Flu Season
Help Improve Chlamydia Screening Compliance with Urine-Based Testing
Billing Guidelines for Retinal Use of Avastin (bevacizumab)

BlueCare Tennessee

Boost Practice Efficiency by Assigning Staff Members to Deliver Well-Child Care
Improving Health Outcomes in Tennessee

BlueCare Plus (HMO SNP)℠
Introducing a New BlueCare Plus Tennessee Medicare Advantage Fully Integrated Dual Eligible Special Needs Plan Option
BlueCare Plus Model of Care Training Due Soon

Medicare Advantage

BlueCross Inter-Plan Medicare Advantage Program Helps Coordinate Care
Changes Coming Soon to Quality Care Rewards (QCR) Tool Icons
Provider Strategy October WebEx Opportunities

Pharmacy

2020 Formulary Changes
New Prior Authorization Requirement for Provider-Administered Specialty Medications
BlueCare Tennessee Billing Update for Specialty Pharmacy Drugs®
Changes Related to NDC and J-Codes
Multi-Payer Updates
We’ve made a recent update to the Eligibility and Benefits Inquiry, which lets you see more information for the following benefits:

- Colonoscopy
- Contraceptive Benefits
- Hearing Aid
- Pulmonary Rehab

You can find benefit information in multiple sections depending upon place of service, provider type and member coverage. Please see the Availity Knowledge Center for more on updates and enhancements.

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

When viewing Commercial fee schedules, you’ll notice that we’ve simplified the Network ID and Network Name by adding an agreement description. BlueCare Fee Schedules are currently not available in Availity. If you have questions about your fee schedule, please call the Provider Service Line at 1-800-924-7141 or contact your local Network Manager.

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

Look for Major Improvements to the Provider Change Submission Process in Late 2019
Many changes are on the way for the Provider Change Form in late 2019, starting with a slight name revision. We’ll begin referring to the change submission process as the Provider Change Request because it will no longer be a form. We’re replacing the long PDF form currently on bcbst.com with an easier format you can access in our section of Availity.com.

Please continue to use CAQH Proview® to update your provider profile as we move toward using the CAQH database as the source for more of our provider information.

Enrollment Process Improvements Coming for Nurse Practitioners and Physician Assistants in late October
Starting Oct. 19, 2019, Nurse Practitioners and Physician Assistants who enroll with BlueCross will no longer have to submit a Supervising Physician Form. We’re making the process easier by replacing the extra paperwork and required signature with a fillable field where you can simply enter the Supervising Physician’s name. This update will apply for all Nurse Practitioners and Physician Assistants when they enroll using the Provider Enrollment Form at bcbst.com.

Redesigned Provider Web Pages to Launch Later this Year
We’re redesigning our provider website to make it easier for you to find the information you need. Please look for more information about our website redesign in future issues of BlueAlert.

Get Ready for Flu Season
Fall signals the beginning of flu season in Tennessee. Consider offering these reminders to prepare your team — and your patients.

- Schedule patients’ flu vaccines in advance and send appointment reminders. The Centers for Disease Control and Prevention recommends patients age 6 months and older get their flu shots by the end of October.
- Talk with your patients about why vaccination is important. Discuss the serious complications flu can cause, especially in young children, older adults and other at-risk patients.
- If you have young patients who will turn 6 months old toward the end of flu season, don’t forget to order extra doses of the vaccine. The vaccine is often in short supply in February, March and April.
Help Improve Chlamydia Screening Compliance with Urine-Based Testing

Young women between ages 16 and 24 who are sexually active need a chlamydia screening every year. Your patients are considered sexually active if they use any form of contraception — regardless of the contraception’s purpose.

If you’re looking for a quick and accurate alternative to traditional screening, you may want to consider urine-based DNA testing. It’s an easier test and may be preferable for younger patients.

The following recommendation from the Centers for Disease Control and Prevention outlines the preferred methods for screening:

“*Chlamydia trachomatis* urogenital infection can be diagnosed in women by testing first-catch urine or collecting swab specimens from the endocervix or vagina. NAATs (non-nucleic acid DNA amplification tests) are the most sensitive tests for these specimens and therefore are recommended for detecting *C. trachomatis* infection. NAATs that are FDA-cleared for use with vaginal swab specimens can be collected by a provider or self-collected in a clinical setting”.

For more information about chlamydia screening and other preventive care recommendations, please see our [Commercial](#) or [BlueCare Tennessee](#) quality measures guides.

Reference:

12015 CDC STD Treatment Guidelines

Billing Guidelines for Retinal Use of Avastin (bevacizumab)

Starting Dec. 1, 2019, ophthalmologists and pediatric ophthalmologists must bill HCPCS code J9035 for Avastin (bevacizumab) for intravitreal use. We will deny ophthalmology claims submitted for Avastin (bevacizumab) with any code other than J9035. Please note that this is a change from the last notification we sent in May 2019.

At this time, we will only reimburse one unit of bevacizumab per eye treated on a unique date of service, with a maximum of two units if both eyes are treated. Your claim must show the eye or eyes treated with the appropriate modifier.

Since June 1, 2018, this code hasn’t required authorization for retinal diseases such as diabetic macular edema, macular edema following retinal vein occlusion and neovascular (wet) age-related macular degeneration when administered by an ophthalmologist or a pediatric ophthalmologist. Please refer to our provider administration manuals for additional HCPCS billing guidelines.
Boost Practice Efficiency by Assigning Staff Members to Deliver Well-Child Care

The daily schedule of a pediatric practice can be unpredictable. Some groups have found that they can improve practice efficiency by assigning team members or using floating staff to handle TennCare Kids checkups.

Designated or floating team members can focus on tasks that are essential to making sure children get needed preventive care, including:

- Reviewing patient records
- Contacting patients who are overdue for their Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exam
- Triaging sick visits that can be combined with well-care checkups

This frees up staff to handle other types of appointments and needs, ensuring all kids and teens get the care they need. For more tips and best practices for delivering preventive care, please see our TennCare Kids Tool Kit.

Improving Health Outcomes in Tennessee

Good health outcomes start in the communities where your patients live, work and play. The Division of TennCare wants to learn more about the challenges your patients face in their communities to help you improve your patients’ health.

Please take a few minutes to complete the Provider CARES survey at tn.gov. Your name will not be tied to your survey answers, but combined with information from all provider surveys to better understand community needs.
Introducing a New BlueCare Plus Tennessee Medicare Advantage Fully Integrated Dual Eligible Special Needs Plan Option

Starting Jan. 1, 2020, BlueCare Plus Choice (BCPC) will be available for our Medicare and Medicaid CHOICES eligible members. BCPC members will be able to use their new BCPC ID card for all medical and pharmacy services, which eliminates the need for multiple cards. You’ll only need to submit one claim – BCPC will process both Medicare and Medicaid benefits on one remittance advice, which can help reduce paperwork. BCPC will provide member incentives to help encourage provider engagement and offer reimbursements for requirements outlined in the BCP Model of Care. If you have questions about this new plan, please call the BlueCare Plus Provider Service line.

Sample ID Cards

BlueCare Plus Model of Care Training Due Soon

The BlueCare Plus Model of Care is designed to serve the unique individual needs of the dual-eligible Medicaid and Medicare population while promoting quality of care and cost effectiveness through coordination of care for members with complex, chronic or catastrophic health care needs.

BlueCare Plus providers are contractually required to complete Model of Care Training after initial contracting and annually thereafter. This training is offered through self-study and attestation on the BlueCare Plus website: Model of Care Training.

The last date to be compliant by completing the training for 2019 is Dec. 31, 2019. All physicians are strongly encouraged to complete the training before the end of the year.
Medicare Advantage

This information applies to our BlueAdvantage plans.

BlueCross Inter-Plan Medicare Advantage Program Helps Coordinate Care

All BlueCross Medicare Advantage plans across the country, including ours, are now part of the Blue Cross Blue Shield Association’s Inter-Plan Medicare Advantage Program.

This new plan-to-plan arrangement enhances the way Blue Plans support Medicare Advantage group accounts and their members who live outside their home plan service areas. This newly designed collaborative model connects these members with existing BlueCross BlueShield of Tennessee programs to better support Star scores, ensure appropriate risk adjustment and increase effectiveness in member care coordination.

The inter-plan program will help health insurance companies and providers coordinate between Blue Plans across state lines to close gaps in care. For example, if a member lives in Tennessee but is a member of another Blue Plan, they’ll be part of our provider outreach efforts. Look for more details in upcoming issue of BlueAlert.

Changes Coming Soon to Quality Care Rewards (QCR) Tool Icons

To create consistency and improve the user experience, we’ll soon be updating icons in the QCR tool. If you have questions or concerns about the updated icons, please call your Medicare Advantage Quality Outreach Consultant or the eBusiness team at (423) 535-5717 (Option 2) or email ebusiness_service@bcbst.com.

Provider Strategy October WebEx Opportunities

Would you like additional information about our Medicare Advantage Provider Quality program? Join us for an online look at the quality measures in the Medicare Advantage Provider Quality program and the Quality Care Rewards tool located within Availity. Select one of the two sessions below to learn more:

- Oct. 22, 2019 at 10 a.m. (ET)
- Oct. 30, 2019 at 11 a.m. (ET)
Pharmacy

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

2020 Formulary Changes

Each year, we review our BlueCross formularies and make changes based on a drug’s safety, effectiveness and affordability.

Although many of these changes happen at the beginning of the year, they may occur at any time because of market changes such as:

- Release of new drugs to the market after FDA approval
- Removal of drugs from the market by the FDA
- Release of new generic drugs to the market

Please visit the following links on the Pharmacy Resources & Forms page to view the 2020 Formulary changes

- 2020 Preferred Formulary Changes
- 2020 CoverKids Formulary Changes
- 2020 Essential Formulary Changes

New Prior Authorization Requirement for Provider-Administered Specialty Medications

On Sept. 30, 2019, we added the following specialty medications to our Provider-Administered Specialty Pharmacy lists. They now require prior authorization for all lines of business.

- Asceniv
- Cutaquig
- Evenity
- Infugem

Please see our website for more information on all provider-administered specialty medications that require prior authorization.

BlueCare Tennessee Billing Update for Specialty Pharmacy Drugs*

Beginning Jan. 1, 2020, all BlueCare, TennCare Select and CoverKids claims for specialty pharmacy drugs must be submitted by specialty pharmacy providers. Claims for specialty drugs submitted by other providers will be denied.

If you administer a specialty drug, you may bill and receive reimbursement for an administration code, but a specialty pharmacy must bill for the cost of the drug.

When administering a specialty drug at the same time as other services, please use the appropriate modifier on your claim for the office visit to receive reimbursement for the administration code.

Coding Tips for Specialty Pharmacy Providers

Specialty pharmacy providers should use each specialty drugs’ assigned HCPCS codes on claims. Please only submit a miscellaneous HCPCS code if no assigned code exists. In these cases, include the following supplemental information on the claim:

- Drug name
- Dosage
- Amount supplied
- Valid NDC number

Please note this change doesn’t replace other billing policies. Guidelines for timely filing, authorization requirements, coordination of benefits, etc. still apply.

To view a complete list of BlueCare Tennessee specialty pharmacy medications, please click here. To find an in-network specialty pharmacy, please see our Specialty Pharmacy Network reference document.

Changes Related to NDC and J-Codes

We’ve required the National Drug Code (NDC) on all institutional and professional claims for provider-administered medications since 2014. As of Sept. 1, 2019, we’ll reject claims submitted without a valid NDC. Please be sure to include the full 11-digit NDC code on the claim, including any leading zeroes. You may refer to our Provider Administration Manuals for more information.
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.

*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.

**Provider Service Lines:**

Featuring “Touchtone” or “Voice Activated” Responses

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<thead>
<tr>
<th>Service Line</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Commercial Service Lines</td>
<td>1-800-924-7141</td>
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<tr>
<td></td>
<td>Monday-Friday, 8 a.m. to 6 p.m. (ET)</td>
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<tr>
<td>Commercial UM</td>
<td>1-800-924-7141</td>
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<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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<td>Federal Employee Program</td>
<td>1-800-572-1003</td>
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<tr>
<td>BlueCare</td>
<td>1-800-468-9736</td>
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<tr>
<td>TennCare Select</td>
<td>1-800-276-1978</td>
</tr>
<tr>
<td>CoverKids</td>
<td>1-800-924-7141</td>
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<tr>
<td>CHOICES</td>
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<td>ECF CHOICES</td>
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<tr>
<td>BlueCare PlusSM</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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<td></td>
<td>Monday-Friday, 8 a.m. to 6 p.m. (ET)</td>
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<tr>
<td>BlueCard</td>
<td>1-800-676-2583</td>
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<td>Benefits &amp; Eligibility</td>
<td>1-800-676-2583</td>
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<tr>
<td>All other inquiries</td>
<td>1-800-705-0391</td>
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<td></td>
<td>Monday–Friday, 8 a.m. to 6 p.m. (ET)</td>
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<tr>
<td>BlueAdvantage</td>
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<td>eBusiness Technical Support</td>
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<tr>
<td>Phone: Select Option 2 at</td>
<td>(423) 535-5717</td>
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<td>Email:</td>
<td><a href="mailto:eBusiness_service@bcbst.com">eBusiness_service@bcbst.com</a></td>
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<td></td>
<td>Friday, 9 a.m. to 6 p.m. (ET)</td>
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CAQH Solutions | ProView™
Be sure your CAQH ProView™ profile is kept up to date at all times. We depend on this vital information.

**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.