New Enhancements in Availity®

As a reminder, providers are required to verify benefits through 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.

Multi-Payer Updates
We’ve added something new to the Eligibility and Benefits Inquiry. You can now see additional benefit information for the following:

- Consolidated Durable Medical Equipment category
- Hearing Aid benefits located under the Audiology Exam category
- Benefit reset date will now be reflected throughout member benefits where applicable (deductible, limitations, etc.)

Benefit information may be found 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
To make sure you are receiving announcements on enhancements that apply to you, look for updates under the News & Announcements and Notification Center sections of the Availity Portal.

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

New Prior Authorization Requirement for Provider-Administered Specialty Medications
On July 31, 2019, we added the following specialty medications to the Provider-Administered Specialty Pharmacy lists. They now require prior authorization for all lines of business:

- Trazimera
- Herceptin-Hylecta

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

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 to connect directly to MagellanRx, who manages these prior authorizations. Please note that we’ll no longer accept faxed or mailed prior authorization requests as of Oct. 1, 2019. Look for more details in upcoming issues of BlueAlert.
Commercial

This information applies to Blue Network P℠ and Blue Network S℠ unless stated otherwise.

Tips to Streamline the Utilization Management (UM) Reconsiderations and Appeals Process

We want to handle your Commercial UM Reconsiderations and Appeals requests as quickly as possible, so here are some ways to speed the process:

Denied Authorizations
If you didn’t initially submit clinical information or additional details we requested, you may submit it for reconsideration by calling us at 1-800-924-7141, faxing it to 1-866-558-0789 or submitting it through Availity.com. If a reconsideration won’t help resolve the denial, please complete the Commercial Utilization Management Appeal Form and fax it to (423) 591-9451. Be sure to include any additional clinical information to support your appeal.

Denied Claims
If you’re requesting a claim reconsideration due to a denied claim, please complete the Provider Reconsideration Form and fax it to (423) 535-1959.

Submit Prior Authorizations through Availity
You can submit prior authorization requests 24 hours a day, seven days a week through Availity. If you have an urgent request, please contact the Provider Service line at 1-800-924-7141 and follow the prompts to authorization. Voicemail options are also available after business hours and on weekends and holidays.
Submit Home Health Missed Visit Forms in Availity

In the July 2019 BlueAlert, we announced that home health providers for BlueCare and TennCare Select plans would soon be able to submit the Home Health Missed Visit Form through Availity. That function is now available, and we encourage you to enter details about missed visits into Availity instead of printing and faxing the form to us.

We’re currently conducting training on how to use Availity for this purpose. Please email the eBusiness Consultant for your region to schedule your agency’s training:

- **East Tennessee**
  Faith Daniel, Faith_Daniel@bcbst.com
- **Middle Tennessee**
  Faye Mangold, Faye_Mangold@bcbst.com
- **West Tennessee**
  Debbie Angner, Debbie_Angner@bcbst.com

You can also find directions for using Availity in our Quick Reference Guide. To view the guide online, log in to Availity.com, select **Resources** and choose **Quick Reference Guide**.

**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 Tennessee plans. Prior authorization is not necessary if the primary carrier provided benefits and there are no plans to file a secondary claim.

Help Your Patients Get Ready for a Healthy School Year

The beginning of every school year is a great time to check in with your patients to make sure they’ve had their yearly Early and Periodic Screening, Diagnostic and Treatment (EPSDT) checkup and are up to date on preventive care, including immunizations they’ll need for school.

You can view and print a detailed list of BlueCare Tennessee patients who need preventive care in the Quality Care Rewards section of the Availity provider portal. Once you’ve logged in to the QCR tool:

- **Select All Gaps** to view a list of your patients who need preventive care.
- **Click on Non-Compliant Members** to find a detailed record of your patients who are past due for their EPSDT checkup. This list is updated monthly and includes the date of each patient’s last wellness check, as well as the number of missed visits.

For easy reference, click on the green X in the top corner of the web page to export the non-compliant member report into an Excel document. Your team can use this report as a guide when scheduling patient visits.

**Note:** This doesn’t apply to CoverKids.
Medicare Advantage

This information applies to our BlueAdvantage plans.

90-Day Prescriptions Available for 30-Day Copay

Your patients who order a 90-day supply for maintenance medications are more likely to stick to their prescribed treatment over those who don’t. Remind them they can get a 90-day supply of generic medications for chronic conditions like diabetes, hypertension and dyslipidemia for only $1 through our preferred network pharmacies. This includes mail order delivery.

BlueCare Plus (HMO SNP)\textsuperscript{SM} and Medicare Advantage

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

New Authorization Requirement for Cosmetic Procedures

Starting Sept. 1, 2019, you’ll need prior authorization for procedure codes that may apply to cosmetic services. Prior authorization includes a medical review to determine whether a procedure is medically necessary due to functional impairment, or whether it’s considered cosmetic. Medicare doesn’t cover cosmetic procedures, so prior authorization will help members know if they’ll pay out of pocket before they receive services.

Quality Care Rewards

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

THCII Episodes of Care Program Reports Coming This Month

The 2018 Final Performance Reports for Medicaid and Commercial lines of business will be available in August to Quarterbacks participating in the Episodes of Care Program.

If you’re a Quarterback who’s having trouble accessing your Quarterly Report in Availity, please contact eBusiness Support at (423) 535-5717, option 2, or by email at eBusiness_Service@bcbst.com for assistance.
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

BlueCross BlueShield of Tennessee, Inc. and BlueCare Tennessee are Independent Licensees of the Blue Cross Blue Shield Association

---

**Provider Service Lines:**

Featuring “Touchtone” or “Voice Activated” Responses

<table>
<thead>
<tr>
<th>Provider Service Lines</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commercial Service Lines</strong></td>
<td>1-800-924-7141</td>
</tr>
<tr>
<td>Monday-Friday, 8 a.m. to 6 p.m. (ET)</td>
<td></td>
</tr>
<tr>
<td><strong>Commercial UM</strong></td>
<td>1-800-924-7141</td>
</tr>
<tr>
<td>Monday-Thursday, 8 a.m. to 6 p.m. (ET) Friday, 9 a.m. to 6 p.m. (ET)</td>
<td></td>
</tr>
<tr>
<td><strong>Federal Employee Program</strong></td>
<td>1-800-572-1003</td>
</tr>
<tr>
<td>Monday-Friday, 8 a.m. to 6 p.m. (ET)</td>
<td></td>
</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>
</tr>
<tr>
<td><strong>CHOICES</strong></td>
<td>1-888-747-8955</td>
</tr>
<tr>
<td><strong>ECF CHOICES</strong></td>
<td>1-888-747-8955</td>
</tr>
<tr>
<td><strong>BlueCare Plus</strong></td>
<td>1-800-299-1407</td>
</tr>
<tr>
<td><strong>Select Community</strong></td>
<td>1-800-292-8196</td>
</tr>
<tr>
<td>Monday-Friday, 8 a.m. to 6 p.m. (ET)</td>
<td></td>
</tr>
<tr>
<td><strong>BlueCard</strong></td>
<td>1-800-676-2583</td>
</tr>
<tr>
<td>Benefits &amp; Eligibility</td>
<td>1-800-705-0391</td>
</tr>
<tr>
<td>All other inquiries</td>
<td>1-800-676-2583</td>
</tr>
<tr>
<td>Monday–Friday, 8 a.m. to 6 p.m. (ET)</td>
<td></td>
</tr>
<tr>
<td><strong>BlueAdvantage</strong></td>
<td>1-800-924-7141</td>
</tr>
<tr>
<td>Monday-Friday, 8 a.m. to 6 p.m. (ET)</td>
<td></td>
</tr>
<tr>
<td><strong>eBusiness Technical Support</strong></td>
<td></td>
</tr>
<tr>
<td>Phone: Select Option 2 at (423) 535-5717</td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:eBusiness_service@bcbst.com">eBusiness_service@bcbst.com</a></td>
<td></td>
</tr>
<tr>
<td>Monday-Thursday, 8 a.m. to 6 p.m. (ET)</td>
<td></td>
</tr>
<tr>
<td>Friday, 9 a.m. to 6 p.m. (ET)</td>
<td></td>
</tr>
</tbody>
</table>

---

**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.