BlueCross BlueShield of Tennessee

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

BlueCross Monitoring Coronavirus Disease (COVID-19) Developments

As Tennessee’s leading health insurer, we actively monitor health concerns that could pose a threat to our communities, including the spread of flu and other viruses.

In keeping with this practice, we’re watching developments related to the 2019 novel coronavirus, or the virus responsible for COVID-19, that was recently identified as a global emergency by the World Health Organization. The number of confirmed cases in the U.S. is currently extremely low. But we want you to know we’re preparing for the unlikely event the virus becomes more widespread.

This virus causes respiratory illness and spreads from person-to-person although it’s not clear how easily this happens. The CDC also believes the risk of becoming sick after coming in casual contact with someone who is infected is low. They expect the virus will infect more because it is contagious before symptoms appear, usually in as few as two days or as long as 14 after exposure.

Although there’s no specific antiviral treatment or vaccine for 2019-nCoV, those with 2019-nCoV can seek medical care to help relieve symptoms. The best way to prevent infection is to avoid being exposed to the virus. Standard hygiene protocols like hand washing, covering the mouth and nose when coughing and sneezing can limit exposure.

Please visit our News Center for more information.
Provider.BCBST.com: A Redesigned, Easier-to-Use Experience
Dedicated to Providers

Check out our new provider-dedicated website that was completely redesigned to make it easier for your office to work with us. Every element of the site was created with input from the people who use it most, including providers like you. Frequently accessed information, like forms, news and provider enrollment, is now right up front on the home page. We also added a main drop-down menu to help you quickly navigate to items like the latest coding updates, provider manuals or details about prior authorizations.

We’ve optimized everything to work as well on your mobile devices as it does on your computer. Our new site is now live on the provider page at bcbst.com.

How We’re Managing the January 2020 CAQH® EnrollHub™ Delay

EnrollHub is a web-based tool from the Council for Affordable Quality Healthcare (CAQH) that gives healthcare providers a single source to enter Electronic Funds Transfer (EFT) enrollment information and submit it to the payers of their choice.

Unfortunately, the EnrollHub application was unavailable to our staff and provider community from Jan. 1 through Jan. 27, 2020. This caused delays in our enrollment process since EFT is a network participation requirement.

To avoid additional enrollment delays, we made an EnrollHub exception for new providers until March 1, 2020. We’ve also given these providers an additional 180 days to complete their EFT information with EnrollHub. These providers will be paid by paper checks until their EnrollHub applications are complete and validated by CAQH.

If you have questions about your EnrollHub enrollment, please contact our Provider Service line at 1-800-924-7141 and follow the prompts for Network Contracts or Credentialing or email GM, Contract Requests.
Review and Update Provider Information in CAQH

BlueCross has steadily increased the use of CAQH ProView® as our source for provider data, which now includes our Find a Doctor tool. Please continue to review and update your information in CAQH regularly. Your confirmation of this data will help us move away from sending out lengthy paper Data Verification Forms each quarter.

We’ll soon have a much shorter form that will cover only things not captured in CAQH. Items not captured in the CAQH ProView, such as Patient Acceptance for our networks, will still require your review. For those, we’ll send you a notice so you can verify them in Availity. Ancillaries and other facilities will continue to receive the Data Verification Form via paper until we’re able to migrate all providers to this new process.

If you have any questions about this process contact Provider Network Services at 1-800-924-7141.

Updating Security for Our Websites

From scrolling around web pages, downloading files or email, security is essential. That’s why we’re updating all our websites and secure systems to require Transport Layer Security (TLSv1.2) to comply with industry security standards. These security updates may affect electronic claim filing and other electronic transactions. Please have your IT administrators verify system compatibility to avoid disruption. You can call eBusiness Technical Support at (423) 535-5717 and select option 2 or email eBusiness_service@bcbst.com with any questions about this upgrade.
Register for the 2020 All Blue Workshops

Registration is open for the 2020 All Blue Workshop near you. Just click on one of the events listed below or visit the All Blue Workshops page in the provider section of bcbst.com.

March 5, 2020 – Chattanooga
Embassy Suites Chattanooga
2321 Lifestyle Way, Chattanooga, TN 37421

March 24, 2020 – Memphis
Holiday Inn University of Memphis
330 Innovation Drive, Memphis, TN 38152

March 25, 2020 – Jackson
DoubleTree Jackson
1770 Highway 45 Bypass, Jackson, TN 38305

March 25, 2020 – Jackson
DoubleTree Jackson
1770 Highway 45 Bypass, Jackson, TN 38305

April 8, 2020 – Nashville
Cool Springs Marriott
700 Cool Springs Drive, Franklin, TN 37214

April 14, 2020 – Kingsport
MeadowView Marriott
1901 Meadowview Parkway, Kingsport, TN 37660

April 15, 2020 – Knoxville
Hilton Knoxville
501 Church Avenue, Knoxville, TN 37902

We’re going paperless for the 2020 workshops. We’ve posted the materials on the All Blues page so you can print them ahead of time or access them online during the event.

Code/Modifier Requirement Updates

Effective March 16, 2020, we’ll reject and/or return claims with invalid procedure code and modifier combinations for our Commercial, BlueAdvantage and BlueCare Plus lines of business. You can resubmit the claim for reimbursement after correcting it with valid combinations. Any BlueCare℠, TennCareSelect and CoverKids℠ claims submitted with invalid procedure code and modifier combinations will be denied.

You can find more information about billing modifiers in the Provider Administration Manual on the provider page at bcbst.com, or in the National Correct Coding Initiative (NCCI) policy manual at cms.gov. Or you can call our Provider Service Line at 1-800-924-7141, Monday through Friday, 8 a.m. to 6 p.m. ET. For BlueCare, please call 1-800-468-9736 and for TennCareSelect, the number is 1-800-276-1978.

Please note: The March 16, 2020 date is an update from the original March 1, 2020 date we shared in the Jan. and Feb. BlueAlerts.

Special Needs Plan Model of Care (MOC) Training

Providers participating in BlueCare Plus, BlueCare Plus Choice, and BlueEssential special needs plans are contractually required to complete our Model of Care Training after initial contracting, then every year afterwards. This training promotes quality of care and cost effectiveness through coordinated care for our members with complex, chronic or catastrophic health care needs. You can access the online self-study training and attestation by clicking here.
Applied Behavioral Analysis (ABA) Services Update

Beginning March 3, 2020, we’ll adopt the MCG 23rd Edition’s Applied Behavioral Analysis (ABA) guideline for all lines of business. The only exception will be for BlueCare Tennessee members. We’ll modify the guideline to allow for diagnoses related to Intellectual/Developmental Disabilities and Traumatic Brain Injury, as well as Autism Spectrum Disorder.

You can find more information on our provider website under Manuals, Policies and Guidelines or contact your Network Manager:

**East Region - Knoxville**
Brenda Simmons
Network Manager
(865) 588-4631
Brenda_Simmons@bcbst.com

**East Region - Chattanooga**
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Network Manager
(423) 535-5996
Preston_Edmondson@bcbst.com

**Middle Region**
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Network Manager
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Jennifer_Ramsden@bcbst.com

**East Region - Northeast**
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Network Manager
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**West Region**
Tory Moon
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**Middle Region**
Lee Green
Network Manager
(615) 483-7886
Lee_Green@bcbst.com

Commercial

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

Changes to Genetic Testing Program Prior Authorization for Commercial Plans

Beginning May 1, 2020, the following CPT® codes will be added and will need prior authorization:

- 0169U
- 0170U
- 0171U

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, by fax to eviCore at 1-888-693-3210 or by calling 1-888-693-3211.
BlueCare Tennessee

This information applies to BlueCareSM, TennCareSelect and CoverKidsSM plans unless stated otherwise.

Explore the Differences between EPSDT and HEDIS®—Compliant Well-Child Exams

TennCare Kids’ Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exams have different reporting criteria and eligibility requirements than the well-child visit performance measures included in the National Committee for Quality Assurance’s Healthcare Effectiveness Data and Information Set (HEDIS®). Here’s some information to help you brush up on the basics for each.

**EPSDT Visits**
Children and adolescents enrolled in BlueCare or TennCare Select are eligible for TennCare Kids exams from birth until their 21st birthday. The schedule for EPSDT exams follows the American Academy of Pediatrics Periodicity Schedule.

The fiscal year for EPSDT visits begins Oct. 1 and ends Sept. 30 of the following year. Patients are eligible as long as they’ve had BlueCare Tennessee coverage for 90 continuous days at some point during the fiscal year.

**HEDIS® Quality Measures**
Three performance measures apply to well-child checkups. These measures determine if children and adolescents receive the appropriate number of checkups during three key stages: during their first 15 months of life, between ages 3 and 6, and between ages 12 and 21.

The measurement year for HEDIS® begins Jan. 1 and ends Dec. 31. Children must be enrolled in their health plan for the entire calendar year to count among a primary care provider’s patient population. However, the measures allow one gap in coverage of up to 45 days.

The stand-alone and diagnosis codes for EPSDT and HEDIS® well-child visits are the same. However, you must also include a corresponding CPT® code when billing an EPSDT visit with a listed diagnosis code. For more information about EPSDT exams and coding, please visit our TennCare Kids Tool Kit.

**Note:** This information doesn’t apply to CoverKids members.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
Updated Billing Guidelines for Allergen Immunotherapy

The Division of TennCare recently revised requirements for allergen immunotherapy billing that have been in place since Oct. 1, 2016. Effective Jan. 1, 2020, please bill claims for initial allergen immunotherapy treatment with modifier–U1. The –GD modifier is no longer valid, as of Jan. 1.

Note: This doesn’t apply to CoverKids.

New LTSS Removal of Services Form Available Online

Long-Term Services and Supports (LTSS) providers who no longer perform certain services can now have them removed from their provider agreement outside of the annual credentialing period. To remove these services from your CHOICES or Employment and Community First CHOICES provider agreement, simply download the new form, follow the instructions and email the completed form to CHOICESProviderRelations@bcbst.com.

When filling out the form, please make sure to select a termination date for services. This will be the last date you’ll be paid for the services you remove.

Note: This form doesn’t apply to CoverKids members.

Quest Diagnostics Laboratory Billing Guidelines

All outpatient laboratory testing for BlueCare Tennessee and CoverKids members must be referred to Quest Diagnostics with these limited exceptions:

- Lab testing included on the approved Exclusion List
- Proprietary lab tests without a comparable alternative through Quest Diagnostics (requires prior authorization)
- Outpatient dialysis clinic claims
- Third-party liability claims
- Emergency room claims
- Outpatient observation claims
- Inpatient claims
- Complications of pregnancy claims

Please note our arrangement with Quest Diagnostics is not all-inclusive. Please review the BlueCare Tennessee Lab Exclusion List to find a detailed list of tests and corresponding CPT® codes that are excluded from the arrangement.

Claims for covered services submitted by other suppliers or providers, except for those services described in the Exclusion List, will be denied. If you’re not currently using Quest Diagnostics, you’ll need to create a lab ordering and reporting account. To request an account, please contact a Quest Diagnostics physician representative at 1-866-MY-QUEST (1-866-697-8378). Select option 1, then option 8 to set up an account in Quest Diagnostics’ lab ordering and reporting system.
Medicare Advantage

This information applies to our BlueAdvantage and BlueEssential plans.

Implantable Infusion Pain Pump Coverage

All Medicare Advantage and SNP products cover compounded medication in implantable infusion pain pumps as an “incident to” service when billed by the provider who’s refilling and managing the infusion pump. However, providers may not bill for any additional cost when a third-party pharmacy compounds the medication.

These medications must meet the medical necessity guidelines of Medicare medical policy. Whether a single agent or a combination of agents is used, the compounded medication must be submitted with HCPCS code J7999-KD, even though the compound is similar to or includes a drug with a specific HCPCS code (e.g., HCPCS code J2274 for preservative free morphine).

You can find more details concerning the proper coding and use of modifiers for implantable infusion pain pumps by referencing Tennessee Local Coverage Determination (L33461) and Local Coverage Article (A56695) – Billing and Coding: Implantable Infusion Pump V4 (Rev. Eff. 07/11/2019) along with Chapter 15 of the Medicare Benefit Manual.

Tips for Coding Professionals

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

Code Reminder for Medroxyprogesterone Acetate (Depo Provera)

Effective April 1, 2020, providers should use HCPCS code J1050 when submitting claims for all forms of medroxyprogesterone acetate. We’ve updated NDC editing software to allow submission of all dosages of this drug with HCPCS code J1050 Injection, medroxyprogesterone acetate.

Please note, the Code J1050 is specific for 1 mg and providers should submit units based on the dosage administered. After this date, we’ll deny charges for this medication when billed with HCPCS code J3490.
Quality Care Rewards

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

THCII Episodes of Care Performance and Preview Reports Now Available

The 2019 Interim Performance and Preview Reports for Medicaid and Commercial were released in February 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.

Provider Reimbursement Rates Changing April 1

The Medicare Advantage Quality+ Partnerships Program offers enhanced reimbursement to providers who achieved quality scores of 4-Stars and above with coding accuracy during the 2019 measurement period (Jan. 1 – Dec. 31, 2019).

Stars ratings, based on last year’s performance, will affect each provider’s reimbursement rates starting April 1, 2020. Participating providers will receive a rebasing rate notification letter and a rate attachment with the new fee schedule by April 1. Your contract amendment will include information about your base rate, the quality escalator and total earning potential.
BlueCross BlueShield of Tennessee, Inc. 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 1-800-676-2583 for Benefits & Eligibility, or 1-800-924-7141 for Commercial Service Lines, Commercial UM, Federal Employee Program, BlueCare, CoverKids, TennCare Select, CoverKids Select, Choice, BlueCard, BlueAdvantage, and ECF CHOICES. 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, Inc. or any of its licensed affiliates. 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.

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Provider Service Lines:

Featuring “Touchtone” or “Voice Activated” Responses

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

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CPT® is a registered trademark of the American Medical Association

HCPCS is the Healthcare Common Procedure Coding System