COVID-19 Updates

During this state of emergency, we’re making changes to help our members and providers stay safe. Please visit the Provider FAQs at bcbstupdates.com for up-to-the-minute guidelines on treating our members.
Provider Enrollment and Change Forms to Require Availity® Log In

We’ll soon be moving provider enrollment to a more secure process by requiring an Availity log-in for submission of applications and change forms. The new log-in requirement will first be implemented for the provider enrollment form and will then be applied to the change form in the near future. If you or your staff handle enrollments or provider changes within your practice but haven’t registered, please take a few minutes to sign up with Availity.

While in Availity, please visit the Contact Preferences section to add your email, along with other preferences, so we’ll know how you’d like to receive communications from us.

Change of Schedule for All Blue Workshops

Due to the COVID-19 pandemic, we’re rescheduling our All Blue Workshop events. We’ll share updates in the BlueAlert newsletter and the All Blue Workshops page of our website when we have the new dates and locations. If you have questions, please contact your network manager.

Code/Modifier Requirement Reminder

Effective March 16, 2020, we began rejecting and/or returning claims with invalid procedure code and modifier combinations for our Commercial, BlueAdvantage and BlueCare Plus lines of business. You can resubmit these claims for reimbursement after correcting them with valid combinations. Also effective March 16, 2020, we began denying claims with invalid procedure code and modifier combinations for the BlueCare, TennCare Select and CoverKids lines of business. Once you correct the claims, you can resend them for reimbursement review.

You can find more information about billing modifiers in the Provider Administration Manual, or in the National Correct Coding Initiative (NCCI) policy manual at cms.gov. You can also 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 TennCare Select, the number is 1-800-276-1978.

Commercial

This information applies to Blue Network PSM and Blue Network SSM unless stated otherwise.

New Convenient Bill Pay Option for BlueCross Members

In late April, we introduced a new tool that allows Commercial members to pay providers from our website. InstaMed, a trusted nationwide health care payment system, is now available in their online member account. After logging in, members can review claims and conveniently pay you directly for any deductibles or out-of-pocket costs.

Depending on your level of participation, InstaMed will send the member’s payment within one or two business days. Electronic payments are made as soon as the next day. Mailed payments arrive within seven to 10 business days.

If you already have an InstaMed account, there’s nothing you need to do. However, if you want more information, want to register for or upgrade your account, please visit InstaMed’s website.

Prior Authorization Changes Scheduled for Commercial Plans

The following prior authorization changes will be effective Aug. 1, 2020.

72-Hour Ambulatory Glucose Monitoring CPT® codes 95249 and 95250 will no longer need prior authorization.
4 Ways to Make Appointment Scheduling Easier

Lifelong health starts with well-child care, but it’s not always easy to keep children on track with their Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exams.

Consider these best practices to make scheduling appointments easier for your patients — and your team:

1. Schedule a full year of visits for newborns at their first one. Children covered by BlueCare Tennessee are eligible for well-care visits on the same schedule recommended by the American Academy of Pediatrics.

2. Schedule the next well-child exam at the end of each appointment.

3. Make the most of your electronic medical records system patient reminder tools, such as letters, text messages and reports.

4. Consider offering extended or alternate office hours to make it easier for families to keep appointments. Some practices have found that offering appointments in the evenings or on weekends helps more kids and teens get their well-child checkups. If you’re interested in adjusting your hours, ask your patients’ parents and caregivers what times are most convenient for them.

Note: This article doesn’t apply to CoverKids.

Prior Authorization Not Required for Maternity-Related Inpatient Care

As a reminder, you don’t need to request prior authorization for a maternity-related inpatient hospital stay for your patients covered by BlueCare, TennCare Select or CoverKids. However, if you need assistance with discharge planning, we’re happy to help. Please call our Utilization Management team at 1-888-423-0131.
Abortion Eligibility and Claims Criteria

We cover abortions in accordance with federal and state laws and regulations. An abortion may be covered if it’s medically necessary and performed to save the life of the mother, or if the pregnancy is a result of incest or rape.

To provide payment for a medically necessary abortion and related services, we need several important documents, including:

- Certification of Medical Necessity for Abortion form. You can find English and Spanish versions of this form on the Division of TennCare’s Miscellaneous Provider Forms page. Please:
  - Complete each section, including the date of service, patient name, date of birth and address, applicable medical condition, provider name, NPI and address, and required signatures.
  - Sign the form. The form must include a provider’s handwritten signature — not a stamp of the signature.

- Medical records documenting the life-saving nature of the abortion. Please include:
  - Records from the history and physical
  - Operative and pathology reports
  - Other medical records as requested

In cases of an abortion performed to end a pregnancy caused by incest or rape, please provide documentation from a law enforcement, public health or counseling agency indicating that the patient has made a credible report of incest or rape.

Claims that are missing any of the items listed here may be rejected.

For more information, please refer to the BlueCare Tennessee Provider Administration Manual or contact your provider network manager.

Medicare Advantage

This information applies to our BlueAdvantage (PPO)SM and BlueEssential (HMO-SNP)SM plans.

Provider Assessment Form Reimbursement Extension

As a reminder, you may bill CPT® code 96160 for a Medicare Advantage Provider Assessment Form (PAF) at the $225 rate for dates of service through July 31, 2020. Please contact your Medicare Advantage Quality Outreach Consultant if you have questions.

Hyperbaric Oxygen Therapy Requests

Prior authorization is required on hyperbaric oxygen therapy requests. Please make sure you send the proposed length of the session (e.g., 30 minutes, one hour) and frequency needed when submitting clinical information. According to Medicare coverage criteria, these will be reviewed every 30 days. Members with wounds are expected to have a face-to-face follow-up evaluation every 30 days. Medicare has a 60-session limit every 12 months per unique diagnosis. You can submit these requests by phone or fax.
New Limited Benefit: Acupuncture for Chronic Low Back Pain

Since Jan. 21, 2020, acupuncture is now a covered service for treatment of chronic low back pain under section 1862(a)(1)(A) of the Social Security Act for Medicare beneficiaries. This new benefit is limited to treatment of low back pain only and provides for up to 12 acupuncture visits in 90 days. Chronic low back pain is defined as: pain lasting 12 weeks or longer/having no identifiable systemic cause such as metastatic disease/inflammation/ or infection, and pain that is not associated with surgery or pregnancy. An additional eight sessions will be covered only if the member showed improvement with the initial 12 visits. No more than 20 acupuncture treatments will be covered yearly. These services must be performed under direct supervision of a Medicare participating provider and in that provider’s office. These services require a prior authorization that can be requested by phone at 1-800-924-7141, fax to 1-888-535-5243 or through Availity.

Pharmacy

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

COVID-19 Response: TennCare Pharmacy Program Phase II Updates

The Division of TennCare announced additional temporary changes to the TennCare Pharmacy Program on April 1, 2020, in response to the ongoing COVID-19 pandemic. To view the TennCare notice outlining these changes, please click here. We’ve included a summary of key points below.

Effective April 1, 2020, TennCare will temporarily:

- Cover certain over-the-counter (OTC) medications for adults at a $0 copay. These OTC products include acetaminophen, antihistamines, and cough expectorants and suppressants.
- Process maintenance medications for up to a 90-day supply, excluding opioids and other controlled medications
- Continue to suspend refill-too-soon edits, with specific exceptions for controlled medications and medications containing buprenorphine
- Automatically extend prior authorizations that are due to expire on or before June 15, 2020, for medications on the Attestation and Auto-Exempt lists. This extension postpones these expiration dates for an additional 90 days
- Cover mail or delivery options offered by local pharmacies

If you have questions about these changes, please call the Pharmacy Support Center at 1-866-434-5520.

Note: The TennCare Pharmacy Program doesn’t apply to CoverKids members.
Quality Care Rewards

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

THCII Delivery System Transformation
Annual Feedback Session

The Division of TennCare has scheduled the Tennessee Health Care Innovation Initiative (THCII) virtual annual feedback session for Wednesday, May 20. If you’re a Quarterback participating in the BlueCare or CoverKids Episodes of Care program, this is a great opportunity to ask questions or voice any concerns.

To learn more and receive up-to-date information about the annual feedback session and other important updates, sign up for the Episodes of Care Newsletter at stateoftennessee.formstack.com.

THCII Episodes of Care Program
Reports Available This Month

Quarterbacks participating in the Episodes of Care Program will receive their 2020 Interim Performance Reports for Medicaid and Commercial on May 21. Please log in to Availity.com to review your reports.

If you have trouble accessing your reports in Availity, please call (423) 535-5717 and choose option 2, or email eBusiness_Service@bcbs.com for assistance.
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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.

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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