COVID-19 Updates

During the COVID-19 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.
Flu Vaccines Are More Important Than Ever

Fall signals the beginning of flu season in Tennessee. This year, in light of COVID-19, it’s even more important to educate patients about the importance of the flu vaccine. Consider offering these reminders to prepare your team — and your patients.

- Schedule patients’ flu vaccines in advance, and send appointment reminders. The CDC recommends patients age 6 months and older get their flu shots by the end of October.
- Talk with your patients about the heightened importance of getting the flu vaccine and staying healthy during cold and flu season.
- If you have patients who will turn 6 months old toward the end of flu season, don’t forget to order extra doses of the vaccine. It’s often in short supply in February, March and April.

Non-Physician Practitioner Copay Amounts*

As part of ongoing oversight and monitoring activities, we discovered that – in some instances – our systems were not assigning the appropriate member copay for primary care or specialist services when the services were rendered by a nurse practitioner or physician assistant. Member copays for covered services provided by nurse practitioners or physician assistants should be consistent with the specialty type of their respective supervising physician and based on the type of provider (i.e., primary care or specialist) where the services were provided. We made system updates to correct this.

Starting Jan. 1, 2021, these system updates will be implemented and member copays for all lines of business (excluding Federal Employee Program members and BlueCard) will be based on whether the nurse practitioner or physician assistant is supervised and the services are provided by a primary care physician or specialist. For example, the copay for a member treated by a nurse practitioner supervised and occurring in a specialist office location will be the specialist copay provided for under the member’s benefit plan.

As a reminder, we require all nurse practitioners and physician assistants to be credentialed and contracted before providing services to our members. Supervising physicians need to also be participating in our provider network. Claims should be submitted under the rendering nurse practitioner or physician assistant NPI. Updated billing guidelines clarifying this will be published in the next update of your Provider Administration Manual.

Network Effective Dates Dependent on Receipt of Provider Information

We work hard to make the provider enrollment process fast and efficient. Please submit all new provider information as promptly as possible, so we can deliver effective dates and you can begin billing for the care they provide. We can’t enroll providers in a new practice until we have the information necessary to make our system updates, even if you’re only adding providers to an existing group. Network effective dates are based on when the individual provider is enrolled with BlueCross, not necessarily when the provider joins the group.

Easier Online Confirmation Process to Replace Data Verification Form

BlueCross has steadily increased the use of CAQH ProView® as our source for provider information, especially location-specific data. This helps us move away from sending lengthy paper Data Verification Forms each quarter. You’ll soon receive a letter with instructions on how to confirm the information at CAQH and complete the Network Verification at Availity.com. Most items are in CAQH, but some, like patient acceptance for our networks and remittance address, still need your review. The Network Verification form in the Provider Enrollment, Updates and Changes tile is located in the BlueCross payer space on Availity®. This application allows provider groups to easily review multiple practitioners at once. Ancillaries and facilities will continue to receive the paper Data Verification Form until we can migrate all providers to this new process. If you have questions, please contact our Provider Service line at 1-800-924-7141 and follow the prompts to reach Contracting and Credentialing.
Submitting Provider Changes is Now Easier Using Availity

We’re moving away from the PDF/paper Provider Change Form to a new, easy-to-use online format for submitting provider changes. It’s available now in the BlueCross payer space at Availity.com. If you or your staff handles enrollments or provider changes within your practice but haven’t registered, please take a few minutes to sign up with Availity. We’ll continue to accept PDF versions of the Provider Change Form until Nov. 1. After that date, all changes must be submitted through Availity.

Coding Updates: See the Latest and What Changes Are on the Way

You can easily find current coding updates and pending claim edit changes under Coding Updates in the Coding Information section of our Coverage & Claims page. You can access code edits 60 days before the effective date.

If you have questions, please call us at 1-800-924-7141 and follow the prompts for option 1.

Member ID Number Prefix Reminder

When submitting claims, please make sure the Member ID number is exactly as it appears on the Member ID card, including the prefix. We use prefixes to identify the member’s type of coverage, obtain health plan contract information and route claims to the correct Home Plan through the BlueCard and Inter-Plan programs. Please note that after Oct. 1, 2020, we’ll start rejecting claims that don’t have the complete Member ID numbers.

New Prior Authorization Requirement for Neuropsychological Testing

BlueCare℠, TennCare Select, CoverKids℠ and Commercial BlueCross BlueShield of Tennessee members (with the exception of FEP) will require prior authorization for neuropsychological testing beginning Jan. 1, 2021. Providers with appropriate training are encouraged to seek an automated authorization for psychological and neuropsychological testing through Availity. This option will make obtaining authorizations simpler. Training is available.

As always, we recommend that you also record time spent for all activities related to psychological testing in your patient record. When submitting claims, please remember to include necessary modifiers.

Providers not trained in neuropsychological and/or psychological testing should bill appropriately for behavioral health screenings.

To order copies of the CPT® codebook from the AMA, visit commerce.ama-assn.org/store or call 1-800-621-8335. If you have questions, please contact your regional Provider Network Manager.
Commercial

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

New High Performance Network Coming Soon

The Blue Cross Blue Shield Association is introducing a national network called Blue High Performance Network (Blue HPN) in January 2021. It’s an alternative to BlueCard PPO and designed as a curated network that will provide improved, more affordable care. Quality measurement is a key feature, and plans are required to report on eight consistent national measures and eight market-specific clinical measures to address local gaps in care.

In Tennessee, we’ll support Blue HPN through our existing Blue Network S as a statewide network. Availability is limited to self-funded employer groups in Chattanooga, Knoxville, Nashville and Memphis. Blue HPN won’t replace existing BlueCard networks, but will be offered alongside BlueCard PPO as a second option.

Blue HPN is designed as an in-network only, Exclusive Provider Organization (EPO) product, so full benefits are limited to in-network providers. If members need care when traveling outside of Blue HPN service areas, access is limited to urgent and emergency care services. Blue HPN members will have Member ID cards with Blue High Performance Network displayed on the front, along with an “HPN in a suitcase” logo.

The Blue HPN launch will not affect Blue Network S contracts or rates. Blue HPN providers will follow the same pre-service review and claims filing procedures used today for our BlueCard PPO. For more information, please contact your Network Manager.

Changes to Genetic Testing Program Prior Authorization for Commercial Plans

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

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

Prior authorization requests can be submitted through Availity, or you may fax to eviCore at 1-888-693-3210 or by calling 1-888-693-3211.
BlueCare Tennessee

This information applies to BlueCare℠, TennCareSelect and CoverKids℠ plans unless stated otherwise.

Help Families Feel at Ease When Visiting Your Office

We understand the COVID-19 outbreak has affected you and your patients, so we want to share some information that may be useful as you work to deliver preventive care.

Every practice is different and must decide what’s best for the safety of their patients and staff. Some practices have found that performing “sick” and well-child visits at different times of the day or different locations is helpful. Others have patients call when they arrive and wait in their cars, when possible, to skip the waiting room.

When contacting patients who are overdue for well-child care, please remind them about the importance of routine checkups and let them know about any safety precautions you’ve put into place to limit COVID-19 exposure. The Tennessee Chapter of the American Academy of Pediatrics’ Back to the Office Campaign contains helpful resources for having these conversations. If families are unable or unwilling to visit your office, a telehealth well-child visit may be an option. The Division of TennCare has extended its telehealth guidelines until Dec. 31, 2020. You can learn more here.

Transportation Is Available

If families need transportation to visit your office, please let them know that Southeastrans offers free rides to covered medical services and the pharmacy. Southeastrans has also taken precautions to help keep people safe during the COVID-19 outbreak and asks that passengers comply with all local mask mandates. To learn more about your patients’ transportation benefit, please visit bluecare.bcbst.com and select Get a Ride.

Please note: This article doesn’t apply to CoverKids.

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, which launches Oct. 2, 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.

Coming Soon: Changes to the CoverKids Network*

Effective Jan. 1, 2021, the Division of TennCare is consolidating CoverKids into the TennCare Contractor Risk Agreement. At this time, CoverKids members will be assigned to one of the three TennCare managed care organizations. Those transitioning to BlueCare Tennessee will use the BlueCare network and have a primary care provider assigned to them.

Providers who’ve cared for at least one CoverKids member during the last 12 months will be invited to participate in the BlueCare network, if they’re not part of the network already.

For more information, please see the Division of TennCare letter and FAQ document located under Announcements on the Provider News and Manuals page of our website. If you have questions about this change, please contact your Provider Network Manager.

*This change will be made to the next update of the Provider Administration Manual.
BlueCare Plus Tennessee

This information applies to our BlueCare Plus, and BlueCare Plus Choice Medicare Advantage, Fully Integrated Dual Eligible special needs plans unless stated otherwise.

Enhancing Health Care for Adults on the Autism Spectrum

BlueCare Plus primary care providers who see adults with autism or have an interest in this population are invited to join the Extension for Community Healthcare Outcomes (ECHO) project. Through ECHO, primary care providers will share complex patient cases and receive information from autism specialists using live videoconferencing. This six-month series will be held twice a month in the convenience of your office using live videoconferencing. Participants will receive free CME and MOC, Part 2 and Part 4, and compensation for completing pre- and post-training surveys. They’ll also have opportunities to learn about resources for autistic patients. Please contact Janet Shouse at janet.shouse@vumc.org or (615) 875-8833 by Nov. 1.

Medicare Advantage and BlueCare Plus Tennessee

This information applies to our BlueAdvantage (PPO), BlueEssential (HMO SNP) and BlueCare Plus/BlueCare Plus Choice (HMO DSNP) plans unless stated otherwise.

Medicare Advantage Extending Member Cost-Share Waiver

On Sept. 24, 2020, Medicare Advantage announced it will extend its cost-share waiver for members seeking care from network Primary Care Physicians and behavioral health specialists through the end of the year. The division has waived these costs since May 19, 2020 to remove barriers and encourage members to seek essential routine and preventive care. The waiver still applies to both in-office and telehealth visits. We’ve made this change to help members and providers during these uncertain times.

Complete Special Needs Plan Model of Care Training by End of 2020

Providers who care for BlueCare Plus, BlueCare Plus Choice, and BlueEssential special needs plan members are required to complete our Model of Care Training after initial contracting and annually thereafter. This training promotes coordination 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.

All physicians are encouraged to complete the training and the last date to complete 2020 training and be compliant is Dec. 31, 2020.

In-Home Screenings Available for Your Patients

The relationship between you and your patient is instrumental in making sure they get certain preventive screenings you recommend. We understand it may be difficult to get patients into your office or for them to get follow-up testing. That’s why we work with vendors who provide certain in-home preventive screenings. The following in-home test kits and preventive screenings are available for your BlueAdvantage, BlueEssential and BlueCare Plus/BlueCare Plus Choice patients:

- HbA1c testing
- Urine microalbumin screening
- iFOBT/FIT test
- Bone mineral density testing
- Diabetic retinal eye exam
- Peripheral artery disease testing
- Comprehensive history & physical exam

For more information or to arrange certain in-home preventive screenings for your BlueCross BlueShield of Tennessee Medicare Advantage patients, please contact your local Medicare Advantage provider outreach consultant.
**New Provider Education WebEx Presentations**

The BlueAdvantage, BlueEssential and BlueCare Plus provider education WebEx series that launched in Availity earlier this year has two new presentations on Provider Assessment Forms and the risk adjustment process. These educational opportunities can serve as a resource to enhance your performance in the BlueCross Medicare Advantage Provider Quality+ Partnerships program. The presentations range from 15 to 60 minutes long and topics include a program overview, the Quality Care Rewards Tool, 2020 quality program measures, medication reconciliation and more.

To access the presentations after logging in to Availity, choose BlueCross BlueShield of Tennessee within Payer Spaces and then select Resources. On the Resources page you’ll see a list of all the WebEx presentations.

**Provider Assessment and Patient Care and Planning Form Updated**

We’ve updated our standard Provider Assessment Form (PAF) and Patient Care and Planning Form (PACF). As a reminder, a PAF/PACF should be completed either with a face-to-face or telehealth (both audio and video components required) visit for each BlueAdvantage, BlueEssential and BlueCare Plus member annually to document all active, acute and chronic conditions and how they are assessed and managed. The PAF/PACF data may also close some quality measure gaps.

You may complete a PAF/PACF at the same time as an annual wellness visit. Also, BlueCare Plus plan members will be eligible to receive a gift card incentive for their annual wellness visits and so will your BlueAdvantage and BlueEssential plan members if they’re enrolled in our My Healthpath® member incentive program. To get the PAF reimbursement for BlueAdvantage and BlueEssential members ($225 through Nov. 30 and $175 for Dec. 1 through Dec. 31), submit your claim with CPT® Code 96160 with the visit E/M code. To receive the $155 reimbursement rate for BlueCare Plus members, submit your claim with CPT® code 96160 with the visit E/M code. You may fax PAF/PACFs or upload them in the Quality Care Rewards tool within Availity. Please contact your Medicare Advantage Provider Outreach Consultant if you have questions about the Provider Assessment Forms.

**Update: Provider Assessment Form Incentive Extension**

As a reminder, providers are able to bill CPT® code 96160 for a Provider Assessment Form (PAF) annually for all BlueAdvantage and BlueEssential members. The reimbursement for these forms is usually $225 for dates of service between Jan. 1 and June 30, and $175 for dates of service between July 1 and Dec. 31. However, to address member concerns about seeking preventive services, going to regular office visits or having follow-up care during the COVID-19 public health emergency, we have extended our $225 level reimbursement for these forms through Nov 30, 2020. We’re making this exception to account for these members that may have avoided coming to your office for their annual wellness exam or other preventive screenings. This date has been extended since we last published September’s BlueAlert, which said we’d extend this level through Sept. 30, 2020.

During the national public health emergency, PAFs can be completed through a telehealth visit as long as the information becomes part of the permanent patient record. Any biometric data that can’t be obtained through a virtual encounter can be charted during the next face-to-face visit with the member. Please be sure to submit the updated PAF if the biometric data changes your assessment and treatment plan. Please note, there is no additional reimbursement for an updated or corrected PAF. Please contact your Medicare Advantage Quality Outreach Consultant with questions.
Pharmacy

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

Refer to the TennCare Pharmacy Benefit Manager for Important Updates

Please click here to review important notices about prescribing changes, authorization guidelines and other items related to the TennCare Pharmacy Program.

Pharmacy Coverage Review Insourcing

In order to better serve our members and providers, we’re working to manage Commercial pharmacy coverage reviews at BlueCross – not through a third-party vendor. We’ll update our BlueCross BlueShield of Tennessee Provider Administration Manual as well as the Availity Provider Portal when these changes are complete. As always, we’ll inform you of any process changes or updates through the BlueAlert newsletter. Please continue to check for updates each month.

2021 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
- Release of new generic drugs to the market
- Removal of drugs from the market by the FDA

Please visit the following links on the Pharmacy Resources & Forms page to view the 2021 Formulary changes:

- 2021 Preferred Formulary Changes
- 2021 Essential Formulary Changes
Tips for Coding Professionals

This information applies to all lines of business unless stated otherwise. Please note these tips are educational only, providers remain responsible for completion of claims submitted to BlueCross.

Modifier Billing Requirements for Behavioral Health Providers

We always want to reimburse you quickly and accurately for the services you provide to BlueCare, TennCare Select, BlueCare Plus and CoverKids members. You can help us by using the correct modifier code based on one of the behavioral health provider’s licensure levels listed here:

- **None** – M.D. Level
- **SA** – Nurse practitioner or physician assistant rendering services in collaboration with a physician
- **HO** – Master’s Level
- **HP** – Doctoral Level

Failure to follow these billing guidelines can result in overpayments, audits and recovery of the overpayments.

For more information, please review your contract and the BlueCare Tennessee Provider Administration Manual. If you have questions regarding your contract or billing guidelines, please contact your Provider Network Manager.

Quality Care Rewards

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

Highlighting Your MA Star Quality Ratings in the Provider Directory

We want to take every opportunity to highlight your hard work and success in our MA Star Quality Ratings program. It’s important for your current and prospective patients to be able to see the quality outcomes you’re achieving. Beginning **Oct. 1, 2020**, BlueAdvantage and BlueEssential Star ratings (combined) at the group level from the 2019 program year will be included in the provider directory for each provider. This rating is simply the final Star rating that your group achieved at the end of the 2019 program year, which was finalized in March 2020. These scores will be updated annually when final ratings for the next program year are available in March. Thank you for your continued commitment to the quality of care of Medicare beneficiaries. Please contact your MA Provider Outreach consultant with questions about the provider directory quality ratings for MA.
BlueCross BlueShield of Tennessee, Inc. and BlueCare Tennessee comply with the applicable federal and state laws, rules and regulations and do 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 TennCareSelect. 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:**

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<td>Commercial Service Lines</td>
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<td>BlueCare</td>
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<td>CoverKids</td>
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<td>CHOICES</td>
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<td>All other inquiries</td>
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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.