

BlueAlertSM



A monthly newsletter for our provider community, featuring important updates and reminders about our company's policies and procedures. All information is broken out by line of business.

BlueCross BlueShield of Tennessee, Inc.

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



Don't Forget to Register for the 2023 All Blue WorkshopSM

There's still time to register for this year's All Blue Workshop. Just click [here](#) to sign up for the full-day, virtual event, which is set for Thursday, Aug. 3. You can also register by visiting the All Blue Workshop [page](#) on [provider.bcbst.com](#). Space is limited, so be sure and register soon. For more information, please contact your Provider Network Manager.

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Updates to Find My BlueCross Contact

We want to make it as easy as possible for you to work with us, so we've made a few updates to the [My BlueCross Contact page](#). Now when you visit the page and type your information into the search box, you'll find detailed explanations about who to contact:

- For questions about an existing contract, you'll be directed to our Provider Contracting team via a drop-down menu based on region.
- For non-contracting questions, you'll be directed to your assigned Provider Network Manager.

For all other provider service-related questions, please call our Provider Service line at **1-800-924-7141**.

Providers Must Register for Electronic Funds Transfer

Providers must register for Electronic Funds Transfer (EFT) with Change Healthcare before they can be enrolled with us. Later this year we'll require a "completed" and "approved" application with Change Healthcare before we can accept a request for enrollment through Availity®.

To sign up, just visit Change Healthcare's Payer Enrollment Services portal at payerenrollservices.com.

What this means for you:

- You'll need to allow up to 10 days to receive your approval from Change Healthcare
- Initial enrollment attempts in Availity to enroll new Groups or Providers (that don't already have an established EFT record on file with us) will be rejected.
- Once you receive your approval confirmation, please go to our Availity Provider Enrollments and Changes section.
- For questions about the progress of your Change Healthcare application, please visit payerenrollservices.com.

If you're already an in-network provider and currently receive electronic payments and remittance advice as intended, there's nothing you need to do. If you have questions, please call **1-800-924-7141** and follow the prompts to eBusiness Technical Support. You can also contact your Provider Network Manager.

Get Contracts and Fee Schedule Updates Quicker

You can receive contract-related communications – including fee schedule updates – up to three days faster by switching from mail to email. Simply update your **Contact Preferences** through our Payer Spaces in Availity and make email your preferred **contracting** communication type. Here's how:

1. Log in to **BlueCross Payer Spaces**.
2. Select the **Contact Preferences & Communication Viewer** tile.
3. Choose **Contracting** as your **Contact Type** and then your **Organization** (based on Tax ID Number).
4. Verify your **Provider Name** and **NPI** and click **Submit**.
 - For the **Contracting contact**, you may have multiple provider names in the left pane, so select the name(s) you want to update.
 - If you don't see your name in the drop-down list, add your provider through the **Manage My Organization** dashboard.

5. Follow the remaining cues, including checking the email **Opt-In** box and making sure email is the first option in the **Communication Preference** list on the right side. Then, click **Save & Submit**.

You can apply the same updates to other contact types by checking additional **Contact Type** boxes – or the **Select All** box.

You can also view a record of past email communications by clicking the **View Communications** button from the **Update Contact Preferences** screen.

Communication Name	Contact Type	Delivery Channel	Sent Date	Message	Attachment
Prv Contracting Urgent Notice	CONTRACTING	Email	2021-10-30		
PAM Change Notice	CONTRACTING	Email	2021-10-29		
Medical Policy Change Notice	CONTRACTING	Email	2021-10-29		
BC Pam Change Notice	CONTRACTING	Email	2021-09-30		
Medical Policy Change Notice	CONTRACTING	Email	2021-09-30		
Medical Policy Change Notice	CONTRACTING	Email	2021-08-31		
Medical Policy Change Notice	CONTRACTING	Email	2021-08-02		
PAM Change Notice	CONTRACTING	Email	2021-08-02		
Medical Policy Change Notice	CONTRACTING	Email	2021-06-30		

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From the **Communication Name** list, you can click the envelope icon (**Message** column) to download the actual message. If a paper clip icon is displayed in the Attachment column, you can download the attachment that was included with that message.

For more information about Contact Preferences, please refer to the [Contact Preference Quick Reference Guide](#) under the **Payer Spaces Resources** tab in Availity. If you need help accessing your fee schedules for BlueCross contracts, you can also find a *Fee Schedule Viewer Quick Reference Guide (QRGs)* under the **Resources** tab.

If you have questions, contact our eBusiness Service team at **(423) 535-5717 (option 2)**. Or, you can call the Provider Service line at **1-800-924-7141** and follow the prompts to **Contracting and Credentialing**.

New Laboratory Testing Code Reimbursement Policy Delayed to Aug. 1

In the [July 2023 Commercial Preview PAM](#), we published a new **Laboratory Testing Code Reimbursement Policy** for certain lab services billed on a professional or institutional claim form. We planned for the policy, which applies to all lines of business, to take effect July 1, 2023.

We've delayed the effective date for this policy and are targeting a new date of **Aug. 1, 2023**. We'll let you know in advance if we plan to change this date. To review the reimbursement policies for laboratory testing, please see the [Coverage & Claims](#) page of provider.bcbst.com.

Commercial

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

Commercial BlueCross Primary Care Provider (PCP) Performance Ratings to be Refreshed Soon

The Commercial BlueCross Performance rating in our online provider directory helps our members make more informed health care decisions when choosing a Commercial PCP in Networks P and S. We're now entering our fourth annual refresh cycle for this rating.

We'll send a notification for this refresh cycle to the email address listed under the **Contract** contact type in **Payer Spaces** through Availity. The notification will include instructions on how to locate the refreshed ratings in the **Quality Care Rewards (OCR)** application prior to publication in the online provider directory this fall. If there isn't a valid email listed in Availity, we'll mail a letter with the same message to the practice.

If you need help updating an email address in Availity, please contact eBusiness Technical Support at **(423) 535-5717 option 2**, or eBusiness_service@bcbst.com.



Correct Use of CPT® 97535 for Self-Care/Home Management Training

To avoid denials when using CPT® 97535 for billing, make sure you're choosing the appropriate code for the specific services provided.

This code should be used for activities of daily living (ADL) and compensatory training for ADL, safety procedures and instruction in the use of adaptive equipment and assistive technology at home. ADL means activities related to living independently in the community, such as meal planning and preparation, managing finances, shopping for food and other essential items, performing essential household chores, and traveling around and participating in the community.

Examples of services not covered by 97535

This code shouldn't be used globally for all home instructions. When instructing patients in a self-management program, use the code that best describes the focus of the self-management activity. For example:

- Use 97110 for instruction on exercises done at home to improve range of motion or strength.
- Use 97112 for instructing patients in balance or coordination activities at home.
- Use 97113 if teaching the patient aquatic exercises to use as an independent program in the community pool.

For questions about this code, refer to the Centers for Medicare and Medicaid Services (CMS) Guide or contact your Provider Service Team.

Out-of-Network Authorizations for Diagnosis-Related Group (DRG) Facilities

If a member is in an out-of-network facility, the authorization will be reviewed as per diem, not according to the typical length of stay associated with the DRG. Requesting the DRG length of stay of eight days could slow down the authorization review process.

You may see an immediate approval if you're within the goal length of stay and meet the clinical guidelines. We'll only authorize initial out-of-network authorization approvals for the clinical guideline goal length of stay. Requests for additional days, outside of the goal length of stay, will require updated clinical information. You can submit clinical updates in Availity.



Changes to Genetic Testing Program Prior Authorization for Commercial Plans

Beginning **Sept. 1, 2023**, the following codes will be added to the Genetic Testing Prior Authorization List and will require prior authorization through the EviCore Genetic Testing Program:

0388U 0391U 0395U 0397U 0400U
0389U 0392U 0396U 0398U 0401U

The following code will be removed from the EviCore Genetic Testing Prior Authorization List, effective **Sept. 1, 2023**:

0053U

BlueCare Tennessee

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

Policy Update: Coding for Stand-Alone Vaccines

Vaccine counseling gives providers an opportunity to educate patients about vaccines and answer any questions they have. It's a vital part of ensuring people have the information they need to make personal decisions about vaccination.

The Division of TennCare recognizes the additional administrative responsibilities vaccine counseling places on Tennessee's providers. So, on April 1, 2023, the TennCare managed care organizations began covering stand-alone vaccine counseling for COVID-19 and non-COVID-19 immunizations for members of all ages. Stand-alone vaccine counseling occurs when patients receive counseling about vaccinations but don't get the vaccines on the same day.

Vaccine counseling is a time-based service so your documentation must include the time you spent counseling the patient. For more information about stand-alone vaccine counseling reimbursement for BlueCare, TennCare^{Select} and CoverKids members, including codes to use, please review the **REVISION – Update to Stand-Alone Vaccine Counseling TennCare Memo** in the **Announcements** section of our [News and Manuals Provider page](#).



Make Sure Your Patients Are Ready for the New School Year

Children and teens throughout Tennessee will be heading back to school soon. As the new school year approaches, consider checking in with your patients to make sure they're up to date on preventive care. You can use our **Quality Care Rewards** application in Availity to find out which patients are past due for a checkup or vaccines they may need for school.

This is also a popular time for many patients to schedule sports physicals. Stand-alone sports physicals and their corresponding codes aren't covered for BlueCare Tennessee members. If a patient is due for a checkup, you can convert the sports physical to a well-child exam. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exams satisfy all components of sports physicals.

Note: The information in this article doesn't apply to CoverKids.

Maternity Program Provider Incentive Reminder

Through our maternity care program, OB providers caring for patients with BlueCare Tennessee or CoverKids coverage can earn payments on top of their regular reimbursement for mental health screening and prenatal and postpartum care. We've included the requirements and billing guidelines for receiving payment below:

Prenatal Care

Visit Time Frame	Complete this visit during the first trimester of pregnancy or within the first 42 days of the patient's enrollment in their health plan.
Steps to Receive Payment	<p>Bill the visit using category II code 0500F and please remember to:</p> <ul style="list-style-type: none"> • Include the appropriate Evaluation and Management (E&M) code (99202-99205 or 99211-99215) confirming pregnancy. • Include the date of the last menstrual period in form locator 14 or Loop 2300 with Qualifier 484. • Submit your Maternity Care Management Form online in Availity. <p>Note: You must submit the Maternity Care Management Form within 30 days of the prenatal visit.</p> <ul style="list-style-type: none"> • Bill the \$25 fee associated with 0500
Reimbursement	\$25 per patient

Postpartum Care

Visit Time Frame	Complete postpartum care within seven to 84 days of delivery.
Steps to Receive Payment	<p>Bill the visit using category II code 0503F and please remember to:</p> <ul style="list-style-type: none"> • Include the postpartum code 59430. • Include the Delivery Date in form locator 14 or Loop 2300 with Qualifier 431. • Bill the \$75 fee associated with 0503F. <p>Note: We'll allow for reimbursement of two claims for code 0503F during the 84-day postpartum period.</p>
Reimbursement	\$75 per patient/per claim

Mental Health Screening

Visit Time Frame	Perform at least one mental health screening during the perinatal period using a standardized tool for depression and anxiety.
Steps to Receive Payment	<p>Bill CPT® 96160 with a TH modifier to show you completed the service and please remember to:</p> <ul style="list-style-type: none"> • Bill the \$28.35 payment for performing this screening. <p>Note: No specific diagnosis code is required for payment.</p>
Reimbursement	\$28.35 per patient

We're updating our [BlueCare Tennessee and CoverKids Maternity Program web page](#) and [Provider Administration Manual](#) to ensure this information is clear. If you have questions, please contact the [Provider Service line](#) for your patient's plan.

The Tennessee Centers of Excellence: A Resource for At-Risk Pediatric Patients

The Tennessee Centers of Excellence are designated tertiary care, academic medical centers, provider agencies and other partners with expertise in children's physical and behavioral health. These centers provide clinical consultations, evaluations and limited direct services to children with complex needs. They also assist in providing science-based guidance, with a goal of improving systems of care and children's physical health and behavioral outcomes.

You can find more information, including a list of centers and contact information, on the [Division of TennCare's website](#).

Update Your Patient's Assigned Primary Care Provider in Availity

As announced in the [May BlueAlert](#), you can now change patients' assigned PCPs in Availity using the **BlueCare PCP Maintenance** application. We designed this application as part of our ongoing effort to support the **myBluePCP** program and encourage strong provider-patient relationships. It's intended to replace the current PCP change form process outlined in the [BlueCare Tennessee Provider Administration Manual](#).

Using the BlueCare PCP Maintenance application, PCP changes will be completed in real time. New Member ID cards will be mailed to members as soon as the change is made, and digital ID cards will be available immediately in members' **BCBSTN** mobile app. We expect this update to make our processes significantly more efficient and improve the turnaround time of PCP changes.

For step-by-step instructions for using the application, please review our *BlueCare Tennessee and CoverKids PCP Change Maintenance Application Quick Reference Guide* located in the **Resources** section of Availity **Payer Spaces**.

Important Note: When selecting a provider in the application, please choose an individual provider as the PCP and not the group. If you have questions or would like training on using Availity, please contact your [eBusiness Regional Marketing Consultant](#).



BlueCare Tennessee Laboratory Services Update

Effective **July 1, 2023**, providers no longer have to use a single source laboratory vendor (Quest Diagnostics) for laboratory testing services. With the passage of the "Any Willing Medical Lab Provider" legislation, providers may use any participating laboratory for services beginning July 1.

Beginning **Aug. 1, 2023**, we'll require prior authorization for select high-cost lab testing codes. These requests can be submitted in one of two ways:

- Fax: **1-800-292-5311**
- Phone: **1-888-423-0131**

Please don't use Availity for these requests. We'll publish a full listing of the laboratory testing codes requiring prior authorization on Aug. 1. We're also updating the Provider Administration Manual with these changes.

Expanded Dental Benefits Now Available

The Division of TennCare has expanded dental benefits for patients with Medicaid coverage. Effective Jan. 1, 2023, all patients with BlueCare or TennCare*Select* coverage have dental benefits. Previously, benefits were only available to those under age 21, during pregnancy and for 12 months after giving birth, and to those enrolled in Employment and Community First CHOICES or a 1915(c) waiver.

Please let your patients know about this coverage expansion. DentaQuest handles dental care and claims for our BlueCare Tennessee members. If you have questions or would like more information, please visit bluecare.bcbst.com or dentaquest.com. DentaQuest has also created a comprehensive dental health guide for our members from birth through age 20, which you can view [here](#). To order printed copies of the guide for your office in English or Spanish, please email Provider_Communication_Requests@bcbst.com.

Note: These new benefits don't apply to CoverKids members.

Coming Soon: Abortion, Sterilization or Hysterectomy (ASH) Claims Review

In late 2023, we'll review BlueCare, TennCare*Select* and CoverKids claims that include an ASH code submitted with a date of service between July 1, 2022, and June 30, 2023.

The retrospective ASH review includes an in-depth look at documents that may not have been required at the time claims were submitted. If you submitted a claim with an ASH code between July 2022 and June 2023, we may contact you for additional records. **Note:** We may recover payment if we don't receive records within the requested time frame.

If you have questions about the ASH review or ASH claims guidelines, please see the [BlueCare Tennessee Provider Administration Manual](#) or contact your Provider Network Manager.

Lactation Consultant Benefits Effective June 1

As of June 1, 2023, members with TennCare Medicaid (including TennCare*Select*) and CoverKids coverage may receive outpatient lactation consultation services from in-network providers as a separate, reimbursable benefit.

In addition to in-network MDs, DOs, Nurse Practitioners, Physician Assistants and Certified Nurse Midwives for whom lactation services are within their scope of practice, International Board-Certified Lactation Consultants (IBCLCs) can provide these services as independent TennCare providers.

When supervised and billed by a registered, in-network provider listed above, Certified Lactation Counselors (CLCs) and Certified Lactation Educators (CLEs) may provide lactation support to individuals with TennCare.

Are you interested in providing lactation services to a TennCare member?

To learn more about providing these services, visit TennCare's [Lactation Providers](#) page.

Webinar opportunity:

Co-hosted with the state's managed care organizations (Amerigroup, BlueCare Tennessee, and UnitedHealthcare Community Plan), TennCare will be hosting a webinar to share further details regarding the new benefit on **July 11, 2023, from 12 p.m.-1 p.m. CST**. Intended audiences are those interested in providing the benefit to TennCare members. Please visit the [webinar registration](#) to register for the event.

Medicaid Reverification and How to Help Members Avoid Gaps in Coverage

TennCare started the reverification process for Tennesseans with BlueCare, TennCare *Select* and CoverKids coverage on April 1, 2023. This process will continue through early next year as TennCare reviews each member's eligibility to continue receiving benefits.

To help make sure your patients don't experience a gap in coverage during this process, please encourage them to:

- Sign up for **TennCare Connect**, the state's free, online portal. There, they can select how they want to receive communications (text, email or mail) about their benefits
- Verify their contact information in TennCare Connect or by calling **1-855-259-0701**
- Open and respond to all mail from TennCare

You can find more information by visiting TennCare's **Preparing for Renewals** [web page](#).

How patients can find alternative coverage

We offer a wide range of affordable Marketplace health plans – and are ready to help individuals and families find the plan that best suits their needs. If a patient needs assistance, they can call us directly at **1-866-886-6545** or shop plans online at shopbcbstplans.com.

Medicare Advantage

This information applies to our BlueAdvantage (PPO)SM plans unless stated otherwise.

New Over-the-Counter Program

Medicare Advantage members have access to a new over-the-counter program. This program provides them with a fixed dollar amount each quarter to buy over-the-counter medications and products (i.e., bandages, pain relievers, cold medicine, antihistamines or toothpaste). The available allowance depends on the member's plan and ranges from \$100 to \$200 quarterly and doesn't carry over to the next quarter.

To use their allowance, members can simply present their ID card at the store check-out. No additional card is required. When approved items aren't available in-store, bcbstmedicare.com/OTC is the recommended option to find supplies.

If your patients are interested in using this program, they can request to have a catalog mailed to them (one per member per contract year) by calling **1-888-628-2770, TTY 711**.

Nonstandard Provider Assessment Forms Discontinued in 2024

Beginning in 2024, only Electronic Provider Assessment Forms (ePAFs) will be accepted. These forms can be billed with the same CPT[®] code 96161 and reimbursed at \$225. You can complete the ePAFs electronically in the QCR application or export and complete them by hand and upload them to the QCR or fax them.

If you have questions, please contact your Provider Outreach Consultant.

Pharmacy

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

Changes in Coverage of GLP-1 Drugs

The spike in demand for GLP-1 drugs, due to its side effect of weight loss, has increased off-label prescriptions for weight loss purposes. This is leading to shortages, limiting access for members who need the medications to manage their diabetes.

Starting **July 1, 2023**, we'll only cover GLP-1 drugs for our Commercial and Marketplace members if clinical documentation of type 2 diabetes is provided.

While we trust the documentation from our providers, we've found some deficiencies in patients' medical and claim histories – and even potential cases of fraud. We're asking all providers to make sure their clinical documentation is complete and accurate to ensure appropriate access and use, and to reduce fraud in the health care system.



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.

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.

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 providers (option 1).

BlueCross BlueShield of Tennessee, Inc., BlueCare Tennessee and their licensed health plan and insurance company affiliates comply 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 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](#).

Contact Us Through Availity

Availity® makes it easy for you to do business with us online anytime, offering faster prior authorizations, claims decisions and more. You can log in at **Availity.com** to:

- Check benefits, eligibility and coverage details
- Manage prior authorizations
- Enroll a provider
- Request claim status
- View fee schedules and remittance advice
- Manage your contact preferences



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:

Please visit the BCBST payer space at Availity.com and update your information.

Update your provider profile on the [CAQH Proview®](http://CAQH Proview) website

Questions? Call 1-800-924-7141.

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Provider Service Lines:

Featuring "Touchtone" or "Voice Activated" Responses

Commercial Service Lines	1-800-924-7141
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Monday-Friday, 8 a.m. to 6 p.m. (ET)

Commercial UM	1-800-924-7141
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Monday-Thursday, 8 a.m. to 6 p.m. (ET) Friday, 9 a.m. to 6 p.m. (ET)

Federal Employee Program	1-800-572-1003
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Monday-Friday, 8 a.m. to 6 p.m. (ET)

BlueCare	1-800-468-9736
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TennCareSelect	1-800-276-1978
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CoverKids	1-800-924-7141
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CHOICES	1-888-747-8955
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ECF CHOICES	1-888-747-8955
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BlueCare PlusSM	1-800-299-1407
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SelectCommunity	1-800-292-8196
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Monday-Friday, 8 a.m. to 6 p.m. (ET)

BlueCard

Benefits & Eligibility	1-800-676-2583
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All other inquiries	1-800-705-0391
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Monday-Friday, 8 a.m. to 6 p.m. (ET)

BlueAdvantage	1-800-924-7141
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Monday-Friday, 8 a.m. to 6 p.m. (ET)

eBusiness Technical Support

Phone: Select Option 2 at	(423) 535-5717
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Email:	eBusiness_service@bcbst.com
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Monday-Thursday, 8 a.m. to 6 p.m. (ET)

Friday, 9 a.m. to 6 p.m. (ET)