JUNE 2023

BlueAlert℠

Mission driven FOR 75 Years

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.

COVID-19 Updates

Throughout the COVID-19 pandemic, we've made changes to help our members and providers stay safe. Now that the National Public Health Emergency has ended, we're taking steps to return to some of our original policies and procedures. Please continue to visit the Provider FAQs at **bcbstupdates.com** for up-to-date guidelines to help you care for our members.

INSIDE THIS ISSUE

Register for the 2023 All Blue Workshop℠

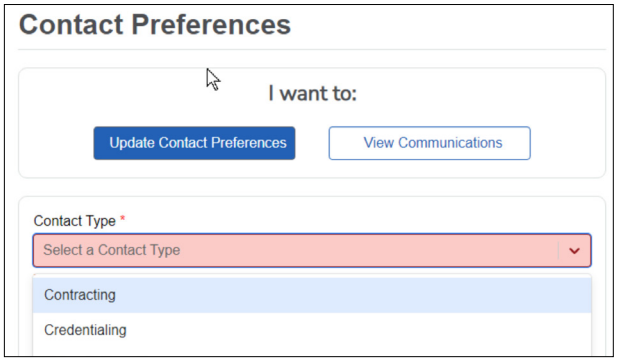
Registration for this year's All Blue Workshop officially opens June 6. Just click **here** to sign up for the full-day, virtual event, which is set for Thursday, Aug. 3. You can also register by visiting the All Blue Workshop **page** on provider.bcbst.com. Space is limited, so be sure and register soon. For more information, please contact your Provider Network Manager.

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		
Claim Edit Change Notice	CONTRACTING	Email	2021-09-01		
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		

Previous Page 1 of 13 10 rows Next

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**.

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 are required to register for Electronic Funds Transfer (EFT) with Change Healthcare before they can enroll with us. Later this year, we'll require a "completed" and "approved" application with Change Healthcare before you can submit 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 attempts to enroll new Groups or Providers (that don't already have an established EFT record on file with us) in Availity 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 you're currently receiving 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.

Commercial

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

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.

BlueCare Tennessee

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

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.

Changes to the Process for Requesting Transportation Services

Non-emergency medical transportation (NEMT) services are covered benefits for your patients with BlueCare and TennCare*Select* coverage. Our members can use these services to get to and from TennCare-covered medical services and the pharmacy.

In most cases, your patients must schedule their transportation services at least 72 hours before their scheduled appointment. If covered medical services require authorization, you should get prior authorization for the service before your patients schedule NEMT. We've outlined how to schedule transportation in our Member Handbook and our website. Please visit **bluecare.bcbst.com** and select **Get a Ride** to learn more about these benefits.

We've recently updated the mileage and out-of-state requirements for requesting transportation. These changes take effect July 1, 2023, and you can learn more below.

Requesting NEMT Trips to Medical Services in Tennessee

BlueCare and TennCare*Select* members or their representatives should contact Verida directly to schedule all in-state NEMT services. Previously, we asked patients to call us if they needed to travel more than 90 miles.

To request a ride, your patients should visit **member.verida.com** or call the appropriate number for their plan:

- BlueCare – **1-855-735-4660**
- TennCare*Select* – **1-866-473-7565**

Calls are answered 24 hours a day, seven days a week.

Out-of-State Trips or Trips for Minors Without an Escort

Our members or their representatives should call us to request NEMT services if they need to travel out of state or if a minor needs to travel without a family member, friend or other escort:

- BlueCare – **1-855-735-4660**
- TennCare*Select* – **1-866-473-7565**

Please note: Members should continue to call us at the Customer Service number for their plan if requesting meals or lodging associated with an NEMT trip (regardless of mileage). Requests for meals and lodging must be submitted at least 72 hours before the member's appointment.

Note: This update doesn't apply to CoverKids members

Talk with Your Patients About the Importance of Postpartum Care

More than half of pregnancy-related deaths happen between seven days and one year after giving birth, according to data from the Centers for Disease Control and Prevention.

The American College of Obstetricians and Gynecologists recommends patients check in with their OB provider within three weeks of giving birth and then have a comprehensive exam within 12 weeks. These two visits offer an opportunity to screen for problems, including postpartum depression and anxiety, and talk with patients about potential complications. They're also a great time to begin transitioning patients back to their primary care provider (PCP) for continued monitoring and referral to any specialists that may be needed.

Support for Your Patients

We're here to help you ensure parents get the care they need. Our members' benefits include access to a dedicated care team that will be by their side through their pregnancy and delivery, offering services such as:

- One-on-one guidance through the CareTN app during pregnancy and the postpartum period
- Specialized support for high-risk conditions like multiple birth, diabetes, hypertension, tobacco use and risk of neonatal abstinence syndrome (NAS)
- Personal phone calls to patients who've had a baby with NAS, including connecting with medication-assisted treatment, behavioral health services and peer support

Your patients with BlueCare Tennessee or CoverKids coverage can simply download our free CareTN app on their smartphone or tablet to connect with our care team.

Psychotropic Medication Monitoring in Children and Young Adults

Psychotropic medications affect how the brain works and cause changes in mood, awareness, thoughts and feelings. They're typically prescribed to children and teens to manage conditions such as attention-deficit/hyperactivity disorder, anxiety, depression and mood disorders. Recently, increases in psychotropic medication use has led to concerns that some young patients are being misdiagnosed with psychiatric disorders and treated with inappropriate medications.

Our goal is to help promote the safe and appropriate use of psychotropic medications in children with behavioral health disorders by sharing resources and best practices. If you have questions about psychotropic medication use, please call **1-800-367-3403** to speak with a board-certified psychiatrist or consult with an expert about treatment.

Strategies for Successful Care

Consider these tips when treating young patients with psychotropic medications:

- **Develop a plan for short- and long-term monitoring.** Consider the type of medication, risk of side effects, the patient's need for ongoing psychosocial support and other factors when developing this plan. Keep in mind that children taking an antipsychotic medication need annual metabolic testing, including blood glucose and cholesterol testing.
- **Work with the Department of Children's Services (DCS).** After performing an evaluation and proposing a treatment plan, educate families about the diagnosis, medication, expected benefits, potential side effects and alternatives to medication to ensure they can make an informed decision.

Note: If your patient is in foster care, you must get consent from the child's regional nurse consultant before starting medication. Once treatment begins, DCS monitors the prescribing and drug utilization patterns of children in foster care to ensure these patients get safe appropriate treatment. This may include working with DCS regional nurse consultants, the DCS chief medical officer or other personnel.

In Closing

Short-term and long-term medication monitoring is medically necessary, and there are special considerations for children in DCS custody. We're here to help and work with the Tennessee Chapter of the American Academy of Pediatrics to offer free training to help providers diagnose and manage patients with behavioral health needs. For more information about this training, visit **tnaap.org/programs/behip/behip-overview/**.

Assess Your Patients' Vision and Hearing During Well-Child Checkups

Vision and hearing screenings are important components of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exams. Please let your patients know we cover vision and hearing screenings through age 20 and refer them to a specialist if you have concerns about their development.

Children, teens and young adults are eligible for well-child care on the **same schedule recommended by the American Academy of Pediatrics**. For more information, please see our **TennCare Kids Provider page**.

Note: This information doesn't apply to CoverKids.

Join Us for the June 2023 EPSDT Virtual Coding Workshop

Please plan to attend the EPSDT coding workshop scheduled for **June 14 from 11:30 a.m. to 1:30 p.m. CT (12:30 p.m. to 2:30 p.m. ET)**. During the virtual session, we'll provide updates, and you'll hear from the Tennessee Chapter of the American Academy of Pediatrics. Topics we'll cover include:

- An overview of EPSDT
- Submitting appropriate diagnosis codes and billing procedures
- Submitting claims with appropriate codes and modifiers
- EPSDT documentation requirements
- BlueCare Tennessee Resources

Registration is required. Please **click here** and fill out the registration form to save your spot. We hope you can attend and look forward to connecting with you.

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

Lactation Consultant Benefits Effective June 1

Starting 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 states' 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.

Home Health Claims Denials Related to Electronic Visit Verification Take Effect July 1

Beginning July 1, 2023, we'll deny claims for home health services if an agency isn't using an electronic visit verification (EVV) system. As a reminder, all home health agencies treating members enrolled in a Medicaid plan must use an EVV system to track that member visits occurred as scheduled. At a minimum, EVV systems should track the:

- Type of service performed
- Date of service
- Individual providing the service
- Individual receiving services
- Location of service
- Time the service begins and ends

If you have questions, please contact your Provider Network Manager. We also recently developed a web page with specific information for home health agencies. To review these online resources, which includes details about electronic visit verification, please visit **bluecare.bcbst.com/providers/tools-resources** and choose **Resources for Home Health Providers**.

Update Your Patient's Assigned Primary Care Provider in Availity

As announced in the **May BlueAlert**, you can now change patients' assigned primary care providers (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**.

Make Sure Your Patients Are Ready for Medicaid Reverification

TennCare started the reverification process for Tennesseans with BlueCare, TennCare*Select* and CoverKids coverage on April 1. Over the next year, TennCare will review 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 **TennCareConnect**, 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 TennCareConnect or by calling **1-855-259-0701**
- Open and respond to all mail from TennCare

For more information, please visit TennCare's **Preparing for Renewals web page**.

BlueCare Plus (HMO D-SNP)SM

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

Clinical Documentation Required for Prior Authorizations

Clinical documentation is required when requesting a review for prior authorization. Including clinical information will help avoid delays in the prior authorization determination.

We require prior authorization for oxygen, continuous positive airway pressure (CPAP), bilevel positive airway pressure (BiPAP) and home ventilators. Reviewing the Local Coverage Determination associated with the requested item and including the appropriate information with the request will help avoid delays the process.

We also require prior authorization for spinal interventions for pain management. Clinical documentation must include the date of the last injection, relief received from previous interventions, conservative measures tried, and the success or failure of those measures.

Skilled Nursing Facility requests require functional and therapy evaluations.

If you have questions, please reach out to your Provider Network Manager.

Appointment of Representative Form for Member Appeals

Treating physicians can file a member appeal on the member's behalf. Member appeals filed by other providers (including Durable Medical Equipment companies, home health agencies, etc.) must include an Appointment of Representative (AOR) form. If an AOR is needed but not submitted with the request, the appeal will be dismissed.

Please include an AOR with your initial member appeal request to help avoid delays in processing. You can locate the form **online**. If you have questions, please call the Provider Service line at **1-800-299-1407**, Monday – Friday, 8 a.m. to 6 p.m. ET.

2023 Special Needs Plan Model of Care (MOC) Training Now Available

Providers participating in BlueCare Plus special needs plans are contractually required to complete our MOC training after initial contracting, then every year after. This training promotes quality of care and cost effectiveness through coordinated care for members with complex, chronic or catastrophic health care needs. You can access the online self-study training and attestation by **clicking here**.

Medicare Advantage

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

Skilled Nursing Facility Guidelines for Notice of Medicare Non-Coverage

An extension of days in a Skilled Nursing Facility (SNF) can't be authorized if the facility fails to deliver the Notice of Medicare Non-Coverage (NOMNC) on time. The Centers for Medicare & Medicaid Services (CMS) requires the NOMNC be delivered at least two days before the member's SNF services end. If the member's services are expected to be less than two days, the facility must provide the NOMNC to the member at the time of admission.

The date of service span is based on the member's medical needs and may require clinical updates more than once a week. Please note the next review date listed on letters and faxes.

If you have questions, please refer to your **Medicare Advantage Provider Administration Manual**.

Non-Emergency Ambulance Transportation

Scheduled non-emergent ambulance transfers for Medicare beneficiaries require a prior authorization. Medical necessity requirements, destination, physician certification and order are required for prior authorization as outlined by CMS Medicare Benefit Policy, Chapter 10.

Scheduled non-emergency ambulance transportation is covered for a member when other means of transportation are contraindicated because of the member's medical condition. Non-emergency ambulance transportation is only covered to a specific destination (like a dialysis center) and when certified by a physician directly responsible for the member's care. A physician certification and order may be signed by a physician assistant (PA), nurse practitioner (NP), or clinical nurse specialist (CNS) (where all applicable state licensure or certification requirements are met). Signatures by a licensed practice nurse (LPN) do not meet the requirement.

We follow guidelines provided by CMS. If you have questions, you can find more information on the **CMS website**.

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 then 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.

New Prior Authorization Requirement

Beginning July 1, 2023, we're adding a new prior authorization requirement for glucagon-like peptide-1 (GLP-1) receptor agonists to confirm diabetes diagnosis for the Commercial drug lists: Preferred, Essential and Essential Plus. Members are also subject to the current quantity limits.

Please contact your Provider Network Manager if you have questions about this update.

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 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, 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

CAQH Solutions | PROVIEW™

Be sure your **CAQH ProView**™ profile is kept up to date at all times. We depend on this vital information.

Provider Service Lines:

Featuring "Touchtone" or "Voice Activated" Responses

Commercial Service Lines	1-800-924-7141
Monday-Friday, 8 a.m. to 6 p.m. (ET)	
Commercial UM	1-800-924-7141
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
Monday-Friday, 8 a.m. to 6 pm. (ET)	
BlueCare	1-800-468-9736
TennCare*Select*	1-800-276-1978
CoverKids	1-800-924-7141
CHOICES	1-888-747-8955
ECF CHOICES	1-888-747-8955
BlueCare Plus℠	1-800-299-1407
***Select*Community**	1-800-292-8196
Monday-Friday, 8 a.m. to 6 p.m. (ET)	
BlueCard	
Benefits & Eligibility	1-800-676-2583
All other inquiries	1-800-705-0391
Monday–Friday, 8 a.m. to 6 p.m. (ET)	
BlueAdvantage	1-800-924-7141
Monday-Friday, 8 a.m. to 6 p.m. (ET)	
eBusiness Technical Support	
Phone: Select Option 2 at	(423) 535-5717
Email:	**eBusiness_service@bcbst.com**
Monday-Thursday, 8 a.m. to 6 p.m. (ET) Friday, 9 a.m. to 6 p.m. (ET)	

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®** website

Questions? Call **1-800-924-7141**.