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2025 All Blue WorkShop℠ Provider FAQs

Thank you for attending this year's All Blue Workshop. We received many questions during the presentations, and we've compiled them below for your reference. We hope you find this helpful.

Q. When will BlueCare Tennessee start accepting applications for new BESMART providers?

A. At this time, there's no date for when BESMART applications will open. Be sure to keep an eye on the monthly BlueAlert newsletter for updates. The latest BlueAlert can be found here.

Q. Can BlueCare Tennessee patients be charged for issues with their Coordination of Benefits (COB) if they don't complete their paperwork?

A. Yes, the patient could be billed for an incomplete COB update. You'll need to check their remittance advice for patient liability.

Q. Sometimes Availity® is unavailable. Are you addressing this issue?

A. Yes. Please contact your Network Manager or eBusiness Regional Marketing Consultant and provide an example of the issue. You can find your contact here.

Q. My patient called to update their COB after their claim was denied. Why is it taking so long to update the information?

A. Individual member COB can be viewed in real time under the member benefits in Availity. Please check Availity at the point of care to be sure your patient's information has been updated. You can contact your Network Manager if you continue to encounter this issue.

Q. I'm having trouble getting BlueCard member claims paid when the member only has a prefix with one letter. (Example: P0123456789) How can I resolve this issue?

A. All BlueCross BlueShield of Tennessee member benefits should be verified in Availity Payer Spaces. However, BlueCard member benefit information isn't located in Availity. So you'll need to contact the member's Home Plan directly for member benefits, Member ID information and authorizations.

For our members, our Payer Spaces will give you the correct Member ID information for your claim. If you need training on how to find this information, please contact your eBusiness Regional Marketing Consultant.

Q. My patient has Medicare Part B only (which doesn't cover hospice services) so their hospice claim was denied. What should I do?

A. An EOB from the primary carrier should be submitted with the secondary claim. Please file the claim to the primary carrier and include the remittance advice with your secondary filing to us.

Q. I want to check the status of a reconsideration. When can I check the status in Availity instead of calling?

A. We hope to be able to offer this option by the end of 2025.

Q. Can I submit PWK items in Availity? Does it have to be submitted at a certain time?

A. Yes, you can submit PWK items in Availity. Please submit any necessary attachments the same day the claim is submitted.

Q. Do I have to pay to use Availity?

A. No – Availity is a free service.

Q. Can I use Availity for all authorizations or just high-tech imaging (HTI)?

A. Availity authorizations aren't limited to HTI only. Please contact your Network Manager or eBusiness Marketing Consultant to help schedule a training session. You can find your contact here.

Q. When a patient with BlueCare Tennessee visits the hospital and no prior authorization was processed, the claim gets denied. Can I get a separate authorization?

A. For BlueCare Tennessee members, please use the authorization viewing tool to confirm the facility or hospital has obtained the authorization for services prior to the service and before you submit your claim for these services.

For BlueCard members, please contact the member's Home Plan or work with the facility or hospital to confirm the service has been approved and the authorization is accurate. If you have questions about how to view the authorization in Availity, please contact your Network Manager or eBusiness Regional Marketing Consultant.

Q. I'm trying to change the physician association/location for a nurse practitioner in the BlueCare Tennessee enrollment app. How can I do that?

A. If the other physician/location is the same tax and group/type 2 NPI, begin by updating CAQH with the new location. Then, submit a Group Enrollment Form (GEF) to request a new specialty in Availity.

Q. How do I enroll a provider in Blue Network L℠?

A. The provider must meet certain criteria to be considered for Blue Network L or E℠. Please contact your Network Manager to verify the provider is eligible. All provider enrollment requests should be submitted in Availity.

Q. How can I make submitted inquiries visible in Availity for all AR staff members?

A. Please contact your eBusiness Regional Marketing Consultant. They can help you make sure your Availity profile is set up correctly and answer any questions you have. You can find your contact here.

Q. Our office locations don't appear in the dropdown menu in Availity. What should I do?

A. You'll need to update your User Preferences in Availity. Please contact your eBusiness Regional Marketing Consultant if you need help. You can find your contact here.

Q. Can someone provide me with the qualifying diagnosis codes for nebulizers and pulse oximetry for babies and adults for all lines of business?

A. Yes. Please contact your Network Manager.

Q. Does a physician's assistant need a surgical taxonomy to be billed as an assistant?

A. Yes, a physician's assistant will need a surgical taxonomy code (PAAS) to be billed as an assistant at surgery.

Q. Is the PWK feature in Availity strictly for new claims? Or can it be used to submit primary EOBs, invoices and records for claims that have processed?

The PWK feature is only available for new claims.