

December 2012

BlueCross BlueShield of Tennessee, Inc. (BCBST) (Applies to all lines of business unless stated otherwise)

CLINICAL

Medical policy updates/changes

The BlueCross BlueShield of Tennessee Medical Policy Manual has been updated to reflect the following policies. The full text of the policies listed below can be accessed at <http://www.bcbst.com/providers/mpm.shtml> under the “Upcoming Medical Policies” link.

Effective Jan. 12, 2013

- Intervertebral Disc Decompression using Radiofrequency Coblation (Nucleoplasty) or Laser Energy (Laser Discectomy)
- Occlusion of Uterine Arteries Using Transcatheter Embolization

Effective February 13, 2013

- Pralatrexate
- Varicose Vein Treatment of Lower Extremities

Note: These effective dates also apply to **BlueCare** and **TennCareSelect** pending state approval.

ADMINISTRATIVE

Physician Quality and Cost Information will soon be updated

The Physician Quality and Cost information will soon be updated and available for private physician viewing beginning the week of Dec. 10, 2012. Physicians will once again have a 45-day review period to make any updates to your data before it is released to our customers no earlier than Feb. 11, 2013. As in the past, this data will also be made available to members on the BlueCross BlueShield Association Provider Directory.

Along with the updated information, the following three new measures have been added bringing the total to 13 individual measures:

- Use of Appropriate Medication for People with Asthma
- Immunization for Adolescents: Meningococcal vaccine, Tetanus, Diphtheria
- Use of Imaging Studies for Low Back Pain

If you have not previously accessed the Physician Quality and Cost information on our website, please go to www.bcbst.com to create your user ID and password. Step-by-step registration instructions are available at www.bcbst.com/secure/providers/. For more information on BlueAccess registration, contact eBusiness Solutions at (423) 535-5717 Option 2 or by email at ecomm_techsupport@bcbst.com.

Note: At this time, this tool is not available for BlueCare, TennCareSelect, FEP or Cover Tennessee plans.

Physician's Guide to Patient Ratings *

A *Physician's Guide to Patient Ratings* brochure is now available on the Provider page on our company website. This brochure contains more information about the upcoming launch of a new online capability that allows Blue Members to view and post reviews based on their patient experiences. *Patient Review of Physicians* is an online review system that Blue Members nationwide can use as part of their decision-making when they are selecting a physician or other professional provider. BlueCross BlueShield of Tennessee delivers information about members' actual experiences with their providers through an easy-to-use, nationally consistent, online survey and aggregated results display.

Providers can soon logon to *BlueAccess* and navigate to the “Transparency Review” section and choose “Provider Ratings Review” to access a summary of all

provider reviews and perform a number of provider-specific actions, such as:

- sign up for e-mail or fax alerts when new reviews are received;
- hide up to two (2) reviews; and
- post a response to a review.

Not only is patient review a valuable tool for providing insights into your patients' experiences, it can also attract new patients. While patient reviews are just one of many factors to consider when patients choose a health care provider, research shows that online patient reviews are one of the most sought after pieces of information for consumers. Approximately 85-90 percent of patient reviews are positive, and some Physicians use them as a means to promote their practice. To assure your overall score is positive, encourage your patients to contribute to your reviews.

Electronic funds transfer (EFT) *

In an effort to help keep premiums affordable for our members and make it easier for health care providers to do business with BlueCross, we will soon be launching efforts to increase the use of electronic transaction tools.

The first initiative focuses on increasing participation in the EFT process. By participating in EFT, a provider's payment will be deposited directly into the provider's bank account rather than receiving a paper check.

To enroll in EFT, simply complete the EFT enrollment form which is located in the Provider Section of our website at http://www.bcbst.com/providers/forms/EFT_Enrollment.pdf >. Fax the completed form and a void check to (423) 535-3066 or (423) 535-7523 or mail to:

BlueCross BlueShield of Tennessee
ATTN: Provider Information Department
2.4CH
1 Cameron Hill Circle
Chattanooga, TN. 37402

BlueCross BlueShield of Tennessee, Inc. (BCBST)

(Applies to all lines of business unless stated otherwise)

ADMINISTRATIVE (Cont'd)

Electronic funds transfer (EFT) (Cont'd) *

More information on EFT is available at <http://www.bcbst.com/providers/ecom/> or by contacting eBusiness Technical Support †.

Dental coding changes

Per the current guidelines set by the American Dental Association (ADA), the following CDT® codes will be deleted as of Jan. 1, 2013: D0360, D0362, D1203, D1204, D4271, D6254, D6795, D6970, D6972, D6973, D6976 and D6977.

The following CDT® codes will be added as of Jan. 1, 2013, and will be covered under the standard DentalBlue contract: D1208, D2990, D2981, D2982, D2983, D4212, D4277, D4278, D6101, D6102, D6103 and D6104.

If a deleted code is filed beginning with date of service Jan. 1, 2013 or after, that line item will not be processed and you will be advised to file the most current ADA code. For questions contact Dental Customer Service at 1-800-523-1478, Monday through Friday, from 8 a.m. to 5:15 p.m. (ET).

Major changes to CPT® codes for behavioral health services in 2013*

Effective Jan. 1, 2013, significant changes will be made to CPT® codes for psychiatry and psychotherapy services. Changes to CPT® code sets are made by the American Medical Association (AMA) on an annual basis, but revisions to the 2013 Psychiatry CPT® code set have a much higher-than-usual impact on psychiatry and psychotherapy services.

Switching to the new codes is based on the date of service, not the date the claim is submitted. Providers must bill with new

CPT® codes on January 1 for dates of service on or after Jan. 1, 2013, or the claim will deny.

To avoid delays in claims payment, providers should file with the correct codes before and after the January 1 effective date. If you are a Psychiatrist or Advanced Practice Nurse with both a medical and behavioral health provider number, BlueCross BlueShield of Tennessee recommends you include your Taxonomy number on the claim.

For more information and a list of commonly used psychiatric CPT® codes that will be changing on Jan. 1, 2013, see *The National Council* brochure available on the Provider page of the company website at www.bcbst.com

Closing gaps in care for your patients with diabetes

According to 2011 estimates from the Centers for Disease Control (CDC), 8.3 percent of the U.S. population has diabetes. Tennessee is above the national average by more than 10 percent in many counties. As a result, BlueCross BlueShield of Tennessee continues to focus its efforts on standards of care that improve health and outcomes for all diabetic members. BlueCross has adopted the American Diabetes Association's "Standards of Medical Care in Diabetes - 2012" as the official clinical practice guideline for the treatment of diabetes. The following measures are important indicators of quality care for diabetic members and should be documented on an annual basis:

- Hemoglobin A1c (HbA1C) testing
- Retinal eye exam performed by an eye care professional
- LDL-C testing – goal control level is < 100 mg/dL
- Blood pressure control (goal is < 140/80 mm HG)
- Medical attention for nephropathy – either screening such as urine for microalbumin or evidence of treatment for nephropathy such as a visit to a nephrologist or member prescribed an ACE inhibitor or ARB therapy.

Closing gaps in care is crucial to achieving the best health outcomes and quality of life for our members with diabetes. BlueCross

may be able to assist your diabetic patients in getting to their optimal control with one of our Case Management or Disease Management programs. Encourage your patients to call our "Member Service" number on the back of their member ID card or go online to www.bcbst.com for education and assistance. For more information see the Clinical Practice Guideline for Diabetes on the company website at http://www.bcbst.com/providers/hcpr/Standards_in_Diabetes.pdf.

Reminder: Follow-up care for Attention Deficit/Hyperactivity Disorder

Attention Deficit/Hyperactivity Disorder (ADHD) is often diagnosed in children, but if the condition is not diagnosed and treated, there may be social repercussions.

It is important that children with newly prescribed ADHD medication be seen for follow-up visits by a practitioner with prescribing authority. Medication is considered to be newly prescribed if the child has not received such medication in the immediately preceding four (4) month period, regardless of when the child was first diagnosed with ADHD.

During the first thirty (30) days after the new ADHD medication prescription (initiation phase) the child should have at least one follow-up visit. Children who remain on ADHD medication for 210 days or more (continuation and maintenance phase), should have two (2) additional follow-up visits after the initiation phase visit, for a total of at least three (3) within the ten (10) month period after ADHD medication is newly prescribed. It may be beneficial to have the follow up appointment set before the patient leaves the office.

Additional information that may assist you in the diagnosis and treatment of ADHD is available on the company website at www.bcbst.com/providers/behavioral_health/organizations.shtml. Your assistance is needed to help increase the number of your VSHP and CoverKids patients receiving the appropriate ADHD follow-up care.

BlueCross BlueShield of Tennessee, Inc. (BCBST)

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ADMINISTRATIVE (Cont'd)

Childhood and adolescents immunizations: Shots BEFORE age 2 and 13 years

Childhood and immunization guidelines recommend children have immunizations BEFORE their second birthday and adolescents BEFORE their thirteenth birthday. There seems to be some confusion on the part of some parents. Many are not bringing their children for immunizations until AFTER their second and thirteenth birthdays.

Your help is needed to schedule your patients for immunizations PRIOR to age two and thirteen years. Immunization schedules are available on the American Academy of Pediatrics website at <http://www2.aap.org/immunization/IZSchedule.html>.

Our BlueCare/TennCareSelect and CoverKids staff is providing education information to members on the importance of immunizing their children at the appropriate ages, as well as making phone calls to help schedule immunizations and childhood screenings.

New Inter-Plan Medical Policy and Precertification link

An Inter-Plan Medical Policy and Precertification link is now available on the Provider page of the company website at <http://www.bcbst.com/providers/> to help providers determine specific information about their patients' health care plans regarding medical policy and/or prior authorization requirements for commercial and Cover Tennessee lines of business.

Note: If you are registered for the BlueAccess, BlueCross BlueShield of Tennessee's secure are of the company website, you will also be able to view the Inter-Plan Medical Policy and Precertification link from the secure site.

Pharmacy program enhancements beginning Jan. 1, 2013

BlueCross is making the transition to Express Scripts® as our new pharmacy benefit manager for all commercial, Cover Tennessee and BlueAdvantage pharmacy members. While many processes will remain the same, there are a few that will change. The transition will be smooth for you and your patients.

Here are some key points of the transition:

- **Formulary** – will remain as the standard BlueCross BlueShield of Tennessee formulary. The process for communicating changes – typically effective January 1 – will be the same.
- **Network** – more than 62,000 pharmacies are included in the national network – comparable to the existing network. There should be little, if any, disruption to members. We will let members know how to select an in-network pharmacy if their current pharmacy is out of network.
- **Open refills** – BlueCross will work with Express Scripts to transfer mail order prescriptions.
- **Prior Authorizations** – will be transferred to Express Scripts and require no action from members or providers. The prior authorization phone number will remain the same.
- **Claims History** – two years of pharmacy claims will be provided to Express Scripts for seamless utilization review.

Our Provider Service and Customer Service phone numbers will remain the same.

Postpartum depression screening by pediatrician

In the November edition of *BlueAlert*, pediatricians were provided information regarding postpartum depression screenings for mothers of newborns. These screenings can be billed separately using the preferred code 99420 and should be billed under the baby's member ID. Diagnosis codes V20.2 (or V20.31, V20.32 depending on the baby's age) and V61.49 may also be used.

Pediatricians can assess the baby's risk of serious health implications if the mother is suffering from postpartum depression. The Edinburgh Postnatal Depression Scale screening tool, scoring instructions, a sample signature page for new mothers and a sample letter to the patient's doctor(s) regarding screening results may be found at <http://www.tnaap.org/DevBehScreening/screeingtools.htm>.

BCBST focuses on improved quality care and service

BlueCross BlueShield of Tennessee's Quality Improvement Program (QIP) focuses on improving the quality and safety of clinical care and service received by its commercial, BlueCare, TennCareSelect, Cover Tennessee, and Medicare Advantage members. As part of the QIP, BlueCross conducts member education and other activities to improve rates on clinical initiatives.

Despite efforts by BlueCross and our network providers to increase screenings, several rates continue to be below the national benchmark. The following HEDIS® 2012 results show more emphasis is needed to increase rates for the measures below:

Product	HEDIS Measure		
	Retinal Eye	Mammogram	PAP Test
BlueCare - East	44.08%	46.75%	69.00%
BlueCare - West	43.32%	43.92%	70.76%
TennCareSelect	58.58%	35.77%	45.96%
Commercial	48.54%	65.32%	71.79%
CoverTN	23.55%	56.17%	64.04%
AccessTN	41.35%	68.06%	60.50%
Medicare Advantage - LPP0	68.37%	73.92%	N/A

The Quality Improvement and Outreach Departments at BlueCross BlueShield of Tennessee continue to plan new initiatives to specifically promote these screenings. Health care providers, due to their direct patient contact, also play an essential role in actively encouraging patients to undergo appropriate screenings.

VSHP providers can help improve preventive screening rates for their

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ADMINISTRATIVE (Cont'd)

BCBST focuses on improved quality care and service (Cont'd)

BlueCare and TennCareSelect members by participating in VSHP-sponsored community health events featuring onsite screening clinics. Providers who conduct screenings at these events are eligible for reimbursement at their contracted rates. Providers can also host an outreach event for their BlueCare and TennCareSelect patients at their practice location.

The Preventive Services section on the Provider page of the company website, www.bcbst.com, offers links to resources that assist providers in performing and promoting preventive care. For additional information on the BlueCross BlueShield of Tennessee Quality Improvement Program, please call (423) 535-6705.

Reminder: Are you submitting paper claims to the correct address?

When submitting paper claims for all BlueCross BlueShield of Tennessee lines of business, providers are reminded of the importance of using the current address:

BlueCross BlueShield of TN
Claims Service Center
1 Cameron Hill Circle, Ste 0002
Chattanooga, TN 37402-0002

Winter illness reminder

It is the time of year when your office will be filled with patients sniffing and coughing. Is it a cold or an infection? Studies have shown most patients expect to leave their doctor's office with a prescription, especially for antibiotics.

Children between 2 and 18 diagnosed with pharyngitis should receive a group A streptococcus (strep) test, and antibiotics if appropriate. To avoid antibiotic resistance, treat only proven group A strep.

Parents of children with an upper respiratory infection and adults with acute bronchitis may also request an antibiotic. Having helpful handouts for your patients with information about why antibiotics will not be effective for these illnesses may be found at

<http://kidshealth.org/parent/h1n1_center/h1n1_center_treatment/antibiotic_overuse.html> and <<http://www.cdc.gov/getsmart/antibiotic-use/>>.

Electronic Secondary Claims

Did you know BlueCross accepts electronic secondary claims? Save time and money by avoiding the mailing of paper claims and explanation of benefit statements. Contact your software vendor or clearinghouse with the information at the following link to get started:

<http://www.bcbst.com/providers/ecom/bcbst_5010/5010 EDI_Secondary_Claims_Professional-Institutional.pdf>.

If you have further questions, please contact eBusiness Solutions†.

Tobacco cessation support

As a health care provider you are in a good position to ask your patients if they use tobacco and if they would like to quit. BlueCross BlueShield of Tennessee offers resources to support our members who are trying to stop using tobacco. Our members can access the BlueCross Health Information Library by calling 1-800-656-8123. Additionally, members can contact BlueCross Member Service at the phone number listed on their member ID card to learn if they are eligible for a tobacco cessation coaching program.

You can also refer patients to the Tennessee Tobacco Quit Line toll free at 1-800-QUITNOW (1-800-784-8669) or Tennessee residents may join the program online at www.tnquitline.com. The hearing impaired may call 1-877-559-3816. For more information, access the Surgeon General's website or view the 2012 report on treating tobacco use among youth and young adults at <http://www.cdc.gov/tobacco/data_statistics/sgr/2012/consumer_booklet/pdfs/consumer.pdf>.

Personal Health Assessment (PHA)

BlueCross offers a free PHA to all adult members 18 and older. Our PHA sets the stage for members to understand their health risk factors. It also identifies coaching and outreach opportunities by capturing vital information about the health and lifestyle of each participant. Members are encouraged to discuss health concerns with their physician. Members can access the PHA by logging onto their secure BlueAccess account.

Preconception counseling

When preconception counseling is appropriate, you will find the Centers for Disease Control and Prevention (CDC) is a rich source of information for men and women in their child bearing years. The CDC's recommendations are considered evidence based and designed for optimal reproductive health outcomes for women and couples. The CDC provides resources for women with pre-existing conditions, and recommends a reproductive life plan to set personal goals about having (or not having) children. Access the CDC's website at <http://www.cdc.gov/preconception/index.html>.

Additional information is available through the March of Dimes at <http://www.marchofdimes.com/pregnancy/getready_indepth.html> .

Federal Employee Program (FEP)

Reminder: Prescription drug prior authorization requests for FEP members

Providers are reminded that certain prescription drugs require prior authorization for FEP members. A list of these drugs is available in the pharmacy section of the FEP website at www.fepblue.org. To obtain prior approval, physicians may call CVS Caremark toll free at 1-877-727-3784. The website also has a form specific to each drug that can be printed, completed and faxed to Caremark at 1-877-378-4727.

Federal Employee Program (FEP) (Cont'd)

Reminder: Prescription drug prior authorization requests for FEP members (Cont'd)

NOTE: Prior approval requests are not conducted by the Pharmacy Management Department at BlueCross BlueShield of Tennessee for FEP members.

BlueCare/TennCareSelect CLINICAL

Medical policy reminder for specialty pharmacy

When requesting prior authorization for Erythropoiesis-Stimulating Agents (ESAs), prior authorization review requires all of the following information be submitted: Hematocrit, hemoglobin, transferrin, ferritin, and other anemia sources ruled out.

The full text of the policies can be accessed at <http://www.bcbst.com/providers/mpm.shtml>.

Focus group feedback regarding Providers

Communication is an important part of health care, and an easy way to increase your overall patient approval ratings. According to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey conducted annually by the Centers for Medicare & Medicaid Services (CMS), and a recent VSHP member focus group, most patients do not think their doctor takes enough time to listen to them, resulting in a lower satisfaction rating of their physician.

Although you may be able to quickly determine the problem from the visible symptoms, most patients want the opportunity to tell you about everything. Additionally, patients say they often do not understand what their doctor says, or only understand part of it. For example, if they have rhinitis or sinusitis, they'd rather be told they have a sinus infection. Talking with your patients in terms they understand can affect their satisfaction.

Not only will patients have more positive feelings about their provider, but it may also help the patient have more positive feelings

about themselves and a team approach in managing their health.

ADMINISTRATIVE

Claims filing guidelines *

Effective with claims for dates of service Jan. 1, 2013, contracted and non-contracted providers will be required to submit all medical service claims within 120 days of the date of service, or for facilities, within 120 days from the date of discharge, or within 60 days from the date of the VSHP rejection notice, whichever is later.

For claims submitted by physicians and other suppliers that include span dates of service (i.e., a "From" and "Through" date on the claim), the "From" date will be used for determining timely filing.

Corrected bills will also be required to be resubmitted **within 120 days of the date of the remittance**. For more information on filing Corrected Bills, see *VSHP Provider Administration Manual* located on the company websites, www.vshptn.com and www.bcbst.com.

If BlueCare or TennCareSelect is secondary to a commercial insurer or Medicare, claims must be submitted within 120 days from the date the primary insurer's remittance was produced.

Exceptions to the 120-day timely filing period will be made for recovery of overpayments as required under Section 6402 of the Affordable Care Act and TennCare policy; and retrospective adjustments of a nursing facility's per diem rates.

Reminder: Name change for TennCare Pharmacy Benefit Manager

The State of Tennessee, Bureau of TennCare's Pharmacy Benefit Manager (PBM) has changed its name from SXC Health Solutions to **Catamaran Corporation**.

Address and contact information remain the same at:

2441 Warrenville Road, Suite 610
Lisle, IL 60532

Phone: 1-866-434-5524
Fax: 1-866-434-5523

Reminder: Prior authorization for specialty pharmacy medications

Medications on the specialty pharmacy list need to be submitted for prior authorization for **BlueCare** and **TennCareSelect** members. Medications not on the specialty pharmacy list are not required to be submitted to VSHP for prior authorization. The list may be found on company websites at <http://www.vshptn.com/providers> and <http://www.bcbst.com/providers/bluecare-tenncareselect/index.shtml>.

Hospice rate change

Effective Jan. 1, 2013, claims submitted for hospice services provided to patients residing in a nursing facility will be reimbursed at 95 percent of the nursing facility's per diem as established by the Comptroller's Office for the Bureau of TennCare. This change is in accordance to policy BEN 07-001 of the TennCare Policy Manual.

BlueCard

ADMINISTRATIVE

Call BlueCard Eligibility® for easy access to membership and coverage information

Not sure how to verify eligibility and benefits for out of area Blue members? First, look for the three-character alpha prefix that precedes the identification number on the member ID card, then call BlueCard Eligibility at 1.800.676.BLUE. Provide the member's alpha prefix and, depending on the member's Blue plan, you might also be asked for the plan code also located on the member ID card. You will then be routed to the appropriate Blue Plan to verify eligibility and coverage.

If you are interested in facilitating quicker payments, take the easy route and submit an electronic eligibility inquiry to BlueCross BlueShield of Tennessee.

For further information, please visit our website at www.bcbst.com or call 1-800-705-0391.

*These changes will be included in the appropriate 4Q 2012 provider administration manual update. Until then, please use this communication to update your provider administration manual. BlueCross BlueShield of Tennessee is an Independent Licensee of the BlueCross BlueShield Association. CPT® is a registered trademark of the American Medical Association

BlueAdvantage
ADMINISTRATIVE

Stress management/depression screening

Providers are reminded the holidays for your senior patients can be filled with busy schedules, shopping, and laughter, but there can also be feelings of tension, stress and loss. For many people, the holidays mean spending time with family and friends but for others, this can be a frustrating and anxiety-provoking time.

Seniors may worry they do not have the resources to buy the food and gifts they wish for their families. They may also acutely feel losses and changes in their lives. It is important to be aware of the issues your seniors face in order to ensure they are getting needed referrals for support.

BlueAdvantage PPO changes to prior authorization reviews

Effective Dec. 1, 2012, BlueAdvantage PPO requests for home health, physical and occupational therapy prior authorizations will be reviewed by Triad HealthCare. Requests can be faxed to Triad at 1-800-520-8045 or you may access Triad Musculoskeletal Program via BlueAccess, BlueCross BlueShield of Tennessee's secure area on its website, www.bcbst.com.

BlueAdvantage Utilization Management will continue to authorize all other home health services performed in a home setting. These BlueAdvantage PPO requests are accepted by calling 1-800-924-7141, by fax to 1-888-535-5243, or via www.bcbst.com web authorization through BlueAccess.

Medication adherence for cholesterol management

BlueAdvantage, BlueCross BlueShield of Tennessee's Medicare Advantage plan is showing a decrease in compliance to lipid-lowering medication for members with hypercholesterolemia. To assist with quality improvement efforts, BlueAdvantage

requests you consider counseling patients on the importance of adhering to the prescribed drug regimen if you haven't already done so. If barriers to adherence are identified, find ways to help resolve those barriers and encourage the member take medication as directed.

Reminder: Fall prevention

Each year, one in every three adults age 65 and older falls. When treating patients in this age group, your help is requested to aid in reducing fall risk. According to the *Beers Criteria for Potentially Inappropriate Medication Use in Older Adults*, patients taking a tricyclic antidepressant, anti-psychotic or sleep agent can pose a higher fall risk for their age group. If you have patients taking these medications and it has not already been done, please consider a safer alternative if clinically appropriate.

Reminder: Mammography Screening

The American Cancer Society recommends a yearly mammogram for patients aged 40 to 69 which it has been shown to reduce mortality. To assist with quality improvement efforts, consider ordering a mammogram for any of your patients in this age group who have not had a current screening.

*These changes will be included in the appropriate 4Q 2012 provider administration manual update. Until then, please use this communication to update your provider administration manual.

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†Provider Service lines

Featuring "Touchtone" or "Voice Activated" Responses

Note: If you have moved, acquired an additional location, or made other changes to your practice, choose the "touchtone" option or just say "Network Contracts or Credentialing" when prompted, to easily update your information.

Commercial Lines 1-800-924-7141
(includes CoverTN; CoverKids & AccessTN)

Operation Hours

Monday-Friday, 8 a.m. to 5:15 p.m. (ET)

Medical Management Hours

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

BlueCare 1-800-468-9736

TennCareSelect 1-800-276-1978

CHOICES 1-888-747-8955

SelectCommunity 1-800-292-8196

Monday - Friday, 8 a.m. to 6 p.m. (ET)

BlueCare/TennCareSelect Medical Management Hours

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 5:15 p.m. (ET)

BlueAdvantage 1-800-841-7434

Monday - Friday, 8 a.m. to 5 p.m. (ET)

eBusiness Technical Support

Phone: Select Option 2 at **423-535-5717**

e-mail: ebusiness_support@bcbst.com

Monday - Thursday, 8 a.m. to 5:15 p.m. (ET)

Friday, 9 a.m. to 5:15 p.m. (ET)

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BlueCross BlueShield of Tennessee offices will be closed December 24 - 25, 2012, in observance of the Christmas Holiday.

