Marketplace

Marketplace resources available
Tennesseans seeking health insurance through the Health Insurance Marketplace can learn more through local community “meet-ups” and special events. For a complete list of locations and times, go to bcbst.com.

Open enrollment on the Marketplace is now through Feb. 15, 2015. People can apply for Marketplace plans on Healthcare.gov by calling the Marketplace Call Center at 1-800-318-2596 or by visiting an enrollment center.


New network naming conventions
To help our individual members better understand our provider networks, we have recently added short descriptions to networks that are paired with Marketplace plans.

Blue Network P™ – Preferred
Our Preferred Network – Available for plans purchased on (Multi-State Plans only) and off the Health Insurance Marketplace.

Blue Network S™ – Select
Our Standard Network – Available for plans purchased on and off the Health Insurance Marketplace.

Blue Network E™ – Essential
Our Most Basic Network – Available for plans purchased on the Health Insurance Marketplace. It is only available in four service regions which include Tennessee’s major cities: Chattanooga, Knoxville, Memphis and Nashville.

BlueCross BlueShield of Tennessee

(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 policies listed below can be accessed at bcbst.com/providers/mpm.shtml under the “Upcoming Medical Policies” link.

Effective Jan. 10, 2015

- Autologous Fat Grafting to the Breast and Adipose-Derived Stem Cells
- Genetic Testing for Mitochondrial Disorders
- Serum Biomarker Tests for Multiple Sclerosis (MS)
- Transcranial Magnetic Stimulation, Cranial Electrotherapy Stimulation and Navigated Transcranial Magnetic Stimulation

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

Effective Jan. 1, 2015

The following has been updated as it relates to Inpatient and Surgical Care:

- BlueCross modifications related to Psychiatric Observation in the Medical Setting: Observation Care will be removed.

Beginning Jan. 1, 2015, BlueCross will use MCG 18th edition for its behavioral health guidelines.

Note: Effective dates also apply to BlueCare and TennCareSelect pending state approval.

Managing your COPD and asthma patients
As we head into the colder months and flu season, it is important to keep your COPD and Asthma patients as healthy as possible and out of the emergency department and hospital.

A few simple steps can help:
1. Encourage your patients to obtain flu and pneumonia vaccines as applicable.
2. Educate your patients on the importance of taking both rescue/short-term medications and controller/long-term medications for better symptom and exacerbation control.
3. Recommend the use of COPD and Asthma action plans. (For more information contact the American Lung Association at Lung.org)
4. Assure your members are prescribed appropriate drug therapy upon discharge from the emergency department or hospital.

For additional information see the following:
Ebola educational materials available

Though the risk of Ebola appearing in Tennessee is low, BlueCross knows our members may have concerns. We have shared educational information about Ebola on our website and have directed members to additional resources for more information.

To see information available to our members, click here: bcbst.com/ebolafacts/index.page.

For more relevant provider information about Ebola developed by the CDC, click here: cdc.gov/vhf/ebola/pdf/ebola-factsheet.pdf or here: cdc.gov/vhf/ebola.

ADMINISTRATIVE

Continued focus on improved quality care and service

BlueCross BlueShield of Tennessee’s enterprise Quality Improvement Programs continue to focus on improving the quality and safety of clinical care and service received by our commercial, BlueCare, TennCareSelect, Cover Tennessee and Medicare Advantage members. BlueCross clinical quality and outreach teams have been working closely with providers to educate our members about the importance of seeking preventive care, including offering member and provider incentives to help improve key quality measures.

The following HEDIS® 2014 results show continued efforts are needed to improve rates for the measures below.

While we continue to promote these screenings to our members, you play the most essential role in actively encouraging patients to undergo appropriate screenings. For more information and resources – including incentive opportunities – please visit bcbst.com/providers/quality-initiatives.page and bluecare.bcbst.com.

Middle Grand Region Providers

BlueCare Tennessee is excited to serve TennCare members in the Middle Grand Region beginning Jan. 1, 2015. Information in a Nov. 11, 2014 letter mailed to Middle Tennessee Providers will help in the transition to BlueCare Tennessee.

If you would like to contract with BlueCare Tennessee or check on your current contract status, please call our Provider Service line. To help with questions related to this transition, Frequently Asked Questions (FAQs) are available on the BlueCare Tennessee website located in the “2015 Statewide / Health Plan Changes” section or you can contact the BlueCare Tennessee Provider Service Line.

Remind your patients of the importance of the flu shot

The cooler weather is a reminder that the flu season is upon us. National statistics indicate that more than half of eligible Americans fail to get their flu shot, often due to fear and misunderstanding. We encourage you to remind your patients of the importance of getting their flu shots. We also encourage you to address any fears or misconceptions regarding this vaccine with your patients. Most, but not all health care plans, cover flu immunizations with no member cost share. Some grandfathered plans may not cover flu immunizations, or may cover them subject to member cost share. Benefits can be verified by calling the appropriate BlueCross BlueShield of Tennessee or BlueCard Provider Service line.

Tennessee Health Care Care Innovation Initiative

BlueCross BlueShield of Tennessee participates in the effort launched in May with retrospective episode-based payment strategy that will reward providers for high-quality and efficient care for acute medical conditions in three episodes: total joint replacement (hip and knee), acute asthma exacerbation and perinatal.

Beginning in November 2014 the Tennessee Health Care Innovation Initiative (THCII) reports include the Acceptable and Commendable Thresholds for total joint replacement, acute asthma exacerbation and perinatal episode bundles. The reports show your potential gain/ risk share eligibility as the quarterback. The gain/risk share eligibility will be based on data collected in 2015 with rewards and/or financial payouts in 2016.

BlueCare Tennessee contract amendments for the Tennessee Health Care Innovation Initiative program will be sent to BlueCare and TennCareSelect contracted providers in fourth quarter 2014.

For additional information about the Tennessee Health Care Innovation Initiative program see our website at bluecare.bcbst.com/Providers/Provider-Education-and-Resources/THCII.html or the State of Tennessee website at tn.gov/HCFA/strategic.shtml.

### HEDIS Measure (%)

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>Diabetes/ Retinal Eye Exam</th>
<th>Diabetes/Kidney Disease Monitoring</th>
<th>Diabetes Care/ HbA1c Screening</th>
<th>Breast Cancer Screening/ Mamogram</th>
<th>Cervical Cancer Screening/ PAP Test</th>
<th>Colorectal Screening</th>
<th>Childhood Immunizations Combo 10</th>
<th>Adolescent Immunizations (Combo 1)</th>
<th>ADHD - Initiation Phase</th>
<th>ADHD - Maintenance Phase</th>
<th>Chlamydia Screening Total</th>
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<td>75.36%</td>
<td>77.55%</td>
<td>58.29%</td>
<td>67.15%</td>
<td>NA</td>
<td>37.23%</td>
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<td>58.69%</td>
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<td>60.76%</td>
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<td>70.11%</td>
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<td>57.32%</td>
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</table>
Billing specific modifiers for distinct procedural services

Beginning Jan. 1, 2015, the Centers for Medicare & Medicaid Services (CMS) is establishing four new modifiers to define specific subsets of the -59 modifier.

- **XE** – Separate Encounter, occurring during a separate encounter
- **XP** – Separate Practitioner, performed by a different practitioner
- **XS** – Separate Structure, performed on a separate organ/structure
- **XU** – Unusual Non-Overlapping Service, does not overlap usual components of the primary service

These new modifiers are collectively referred to as -X(EPbS) modifiers and are more selective versions of the -59 modifier. It would be incorrect to bill one of these modifiers in conjunction with the -59 modifier on the same line item.

BlueCross will follow CMS guidelines regarding utilization of the -X(EPbS) modifiers and will initially accept either a -59 modifier or one of the -X(EPbS) modifiers as correct coding; however, migration to utilization of the more specific modifiers is encouraged.

**Reminder:** When utilized to indicate a distinct procedural service, either the -59 modifier or one of the -X(EPbS) modifiers should be appended only to the Column 2 (component) code of the NCCI edit pair. Appending one of these modifiers to both the Column 1 (comprehensive) and Column 2 (component) codes of the pair is incorrect coding and may result in errors and/or delay in reimbursement.

**Evaluation and Management Service reminder**

Based on the Centers for Medicare & Medicaid Services (CMS) guidelines for Evaluation and Management (E&M) Services (100-4, Chapter 12, 30.6), it is inappropriate for therapists to bill E&M services. The guidelines require therapy (PT, OT, and ST) services including evaluations to be submitted with the appropriate code according to the Special Otorhinolaryngologic or Physical Medicine and Rehabilitation sections. Inappropriate billing is subject to post-payment audit review and recoupment.

**Dental Coding Changes**

Per current guidelines set by the American Dental Association (ADA), the following CDT® codes will be deleted as of Jan. 1, 2015: D6053, D6054, D6078, D6079 and D6975.

The following CDT® codes will be added as of Jan. 1, 2015, and will be covered under the standard DentalBlue contract: D6110, D6111, D6112, D6113, D6114, D6115, D6116, D6117 and D6549.

If a deleted code is filed beginning with date of service Jan. 1, 2015 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).

**Atypical antipsychotics side effects**

Atypical antipsychotics, or second generation antipsychotics, are antipsychotic medications that came to market in the 1990’s and afterwards.

The term “atypical” refers to the fact that these medications have less frequent extrapyramidal side effects such as stiffness, tremor, and tardive dyskinesia. These were troublesome side effects that were more common with first generation antipsychotics and were a barrier to patients adhering to the medications. Atypical antipsychotics have these side effects as well, but at lower rates.

Atypical antipsychotics include medications such as risperidone, olanzapine, quetiapine, ziprazadone, and others. They are frequently used for conditions that may have psychotic symptoms such as schizophrenia, bipolar disorder, or depression. Some are also indicated for behavioral abnormalities associated with autistic disorder.

One of the most troublesome side effects to emerge from the atypical antipsychotic medications is weight gain and metabolic syndrome. Metabolic syndrome includes insulin resistance, hyperglycemia, hypertension, diabetes, and dyslipidemia. These conditions contribute to the early death of people with chronic mental disorders. The additional medical problems require additional medications, and additional sophistication to navigate through the medical care system. In order to prevent and mitigate metabolic side effects of atypical antipsychotics, measurements of weight, abdominal circumference, and lab work including fasting glucose and lipids are recommended at baseline and periodically.

For consultation about and medical monitoring of these medications with a board certified psychiatrist, please call 1-800-367-3403.

**Dual-network health care plans now available in Middle Tennessee**

Some BlueCross members in the Middle Tennessee area have dual- network health care plans that enable them to make a network choice each time they seek medical care. BlueCross has partnered with MissionPoint, to offer members in the Middle Tennessee area the opportunity to seek care from providers that participate in both Network M and Network P.

Members that choose this plan will have access to MissionPoint’s clinically-integrated support services at no charge to them. The result of providing these services should decrease future costs by reducing repeat hospital and emergency room visits and better managing chronic conditions.

**REMINDER:** CAQH streamlines the credentialing process

BlueCross BlueShield of Tennessee has partnered with the Council for Affordable Quality Healthcare (CAQH®) to offer practitioners Universal Provider Data source (UPD), a universal credentialing application tool. With a single, uniform online application, practitioners can enter their information free of charge to access, manage and revise that information at their convenience.

Beginning Jan. 1, 2015, BlueCross will require new credentialing applications from licensed health care professionals to be submitted through CAQH. The UPD Quick Reference Guide, available on the CAQH website at CAQH.org/pdf/UPDbrochure.pdf, provides step-by-step instructions for online registration and how to get started using UPD.

**Note:**

- Credentialing for participation in all BlueCross networks, except CHOICES, is available through the CAQH credentialing tool.
- Facilities are not eligible for credentialing through CAQH at this time.
**Weight management intervention for children and adolescents**

Did you know Body Mass Index (BMI) percentile assessment and counseling for nutrition and physical activity is recommended yearly for children and adolescents 3-17 years of age? Good Nutrition and Physical Activity is the foundation for a healthy future. These healthy behaviors can result in improved health, positive self-image, and prevention of chronic conditions later in life. During a yearly visit primary care physicians (PCPs) or obstetricians/gynecologists (OB/GYNs) can help by completing the following steps:

- Discuss current nutritional status and activity behaviors
- Provide nutritional and physical activity educational materials when necessary
- Provide guidance for nutritional and physical activity recommendations
- Consider weight or obesity counseling if necessary

Completing these activities is an essential component of quality health care. Please remember to address these important topics with all your patients yearly. Early weight management interventions for children and adolescents will instill the positive behaviors needed for healthy outcomes as adults.

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**REMEMBER: Electronic claim submission**

BlueCross continues its efforts to encourage greater use of electronic processing tools, including greater adoption of electronic claims submissions. Effective Jan. 1, 2015, BlueCross will begin executing the electronic claims submission requirement pursuant to the BlueCross Minimum Practitioner Network Participation Criteria.

Please contact eBusiness Support at (423) 535-5717, option two, to discuss how your organization can continue moving from paper to electronic claims submission. More information is available on the company website at bcbst.com/providers/ecomm or you can contact us via email at eBusiness_Service@bcbst.com.

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**REMEMBER: Physician Quality Information Portal available until January**

The Physician Quality Information Portal on BlueAccess® will be available for physician review and self-reporting until Jan. 11, 2015. After this deadline, provider ratings will be updated to reflect the self-reported submissions and the updated provider ratings will be included in our provider directories that are available to our members on the company website.

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**REMEMBER: Earn CEUs at absolutely NO COST!**

**Administrative**

**Address Health Care Disparities through FREE Quality Interactions® online training courses**

Quality Interactions, a training program designed to help health care providers treat an increasingly diverse patient population, is currently available for physicians, nurses and non-clinical staff.

Quality Interactions teach a set of concepts and skills that assist in working successfully in cross-cultural situations. The training program uses a case-based format supported by evidence-based medicine and peer-reviewed literature and is accredited for up to 2.5 hours of CME, CEU, or CCM credits.

There is no cost to BlueCross/BlueCare Tennessee network providers, however a limited number of licenses are available for these courses, so please be sure to register quickly to take advantage of this valuable learning opportunity. The deadline for registration is Dec. 31, 2014.

Registration information is available on the Provider page on the company website, bcbst.com. Enter the BlueCross organizational code, 88750.

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**REMEMBER: Behavioral health provider update**

Beginning Jan. 1, 2015, BlueCare Tennessee will assume responsibility for behavioral health contracting and credentialing for BlueCare, TennCareSelect, CoverKids and BlueCare Plus® networks. Our intent is to contract directly with providers, under essentially the same terms and rates that currently exist with ValueOptions, Inc.

Please keep in mind these important dates:

- **Dec. 1, 2014** – Members receive notification of provider’s non-participating status if provider did not return a signed contract by early November.
- **Jan. 1, 2015** – Earliest network effective date. Providers who did not return a signed contract will begin receiving reimbursement at out-of-network rates.

Please contact your local Behavioral Health Provider Network Manager with any questions.

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**Community health events boost preventive screening rates**

BlueCare Tennessee providers can help improve preventive screening rates for BlueCare and TennCareSelect members by participating in BlueCare Tennessee-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 outreach events for their BlueCare and TennCareSelect patients at their practice location.

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**REMEMBER: Notification no longer required for outpatient hysterectomy for in-network providers**

As of Nov. 1, 2014, outpatient hysterectomy codes, for in-network providers and facilities, will no longer require notification for BlueCare Tennessee members. These procedures are still 100 percent retrospectively reviewed based on MCG (formerly Milliman Care Guidelines) and all state and federal requirements prior to reimbursement. All inpatient hysterectomy procedures will continue to require prior notification.
Are you seeing your assigned members?
We all know how important it is for primary care physicians (PCPs) to help coordinate our members’ health care needs. As a BlueCare/TennCareSelect PCP, it’s your responsibility to verify any member you see is assigned to your patient listing for you or another participating PCP in your group.

Please be sure to check the member’s ID card or check the patient listings on BlueAccess to confirm assignment. PCPs that are currently receiving a paper remittance advice (RA) will see the following message at the bottom of their RA as a general reminder:

**Are you seeing your assigned members?**
As a BlueCare/TennCareSelect PCP, it is your responsibility to verify any member you see is assigned to your patient listing for you or another participating PCP in your group. Please be sure to check the member’s ID card or check the patient listings on BlueAccess to confirm assignment.

BlueCare Tennessee will be conducting an analysis to identify high volume PCPs who are seeing members not on their patient listing. We will be providing outreach and education to those high volume PCPs.

**Medicare Advantage**

**ADMINISTRATIVE**
These articles apply to BlueChoice (HMO)™ and BlueAdvantage (PPO)™ plans, excluding dual-eligible BlueCare Plus (HMO SNP)™ unless stated otherwise.

**REMINDER: New CMS requirement for non-covered services/supplies**
In accordance to notification from the Centers for Medicare & Medicaid Services (CMS) in May 2014, the Advanced Beneficiary Notice (ABN) used in the original Medicare program is not applicable to any Medicare Advantage programs. Therefore, when informing a BlueAdvantage or BlueChoice member that a service is not covered or is excluded from their health benefit plan, the decision is considered an organization determination under 42 CFR 422.56(b) and requires a formal organizational determination denying coverage.

An “ABN waiver” is no longer sufficient documentation of this notification. BlueChoice or BlueAdvantage Plan network providers should request a pre-determination from BlueAdvantage/BlueChoice on the member’s behalf before any non-covered service/supply is provided, or the provider may be responsible for the cost of the service or supply.

**Copays based on place of service**
Starting Jan. 1, 2015, Medicare Advantage members will be responsible for the following Lab, Diagnostic Test and X-Ray copays based on the place of service:
- Free-Standing Lab - $0
- Primary Care Physician (PCP) - $0
- Specialist - $10
- Free-Standing Facility - $10
- Outpatient - $25

Provider billing will not be affected, but could affect where members choose to get their services. Additionally, copays for testing and diagnostic services may be separate to office visit copays.

**Refraction reimbursement**
As of Sept. 17, 2014 BlueCross began reimbursing in-network providers the allowed amount for CPT® 92015 (Determination of Refractive State). Any cost over the allowed amount will be considered provider write off. Although, traditional Medicare does not cover this service, BlueCross has elected to provide this benefit to our Medicare Advantage members.

For questions about this change please call our BlueAdvantage Provider Service Line.

**REMINDER: Revenue Code 510**
**Hospital-Based clinic services**
Effective Oct. 1, 2014, and consistent with reimbursement guidelines of other payers as well as current BlueCross BlueShield of Tennessee Commercial and BlueCare Tennessee contracts, Medicare Advantage will no longer reimburse for charges related to an E&M Code (using HCPCS Code G0463) when billed for the same member, on the same date of service, by the same rendering provider and without a separately identifiable service provided, under revenue code 510 (hospital-based clinic setting as defined in 42 CFR 410.2).

**REMINDER: Diabetic testing supplies**
Beginning Jan. 1, 2015, BlueAdvantage is making it more convenient for our members to get diabetes testing supplies from a retail pharmacy or mail order pharmacy (Express Scripts® or DrugSource, Inc.) where they obtain their routine medications. After Jan 1, all members’ diabetes testing supplies should be obtained through the pharmacy.

The plan covers preferred products for glucometers, test strips and calibration solutions: Johnson & Johnson (Lifescan® OneTouch®) and Bayer (Contour®, Breeze2®). Any other products will not be covered by the plan, unless there is a medical necessity reason for an exception. Lancets and lancet devices are not limited to these brands, and up to 300 per month will be allowed. Diabetes testing supplies are available as a 90-day prescription that can save members money, and are not subject to the Donut Hole benefit under Medicare Part D, as they are covered as a Part B benefit at a zero-dollar copayment. Please note diabetes testing supplies will not be covered outside the pharmacy setting.

**In-Home health assessments improve preventive care availability**
Annual wellness exams are very important, and highly encouraged, for our Medicare Advantage members.

Transportation or ambulation are concerns for many Medicare Advantage members, therefore BlueCross has partnered with CenseoHealth, an independent company that provides in-home health exams by a physician on our behalf. These visits will include annual wellness exams and basic preventive services (i.e. LDL check, fecal occult blood test (FOBT), diabetic HbA1c test and diabetic urine microalbumin test).

CenseoHealth’s physicians do not replace members’ primary care physicians (PCPs). CenseoHealth encourages members to follow up with their PCPs for continued coordination of care. All test results are sent to the members’ PCP, and all preventive care gaps closed as a result will be credited to the PCP. These in-home services can be obtained by calling CenseoHealth at 1-877-868-5351.

*These changes will be included in the appropriate 4Q 2014 provider administration manual update. Until then, please use this communication to update your provider administration manual.

Archived editions of BlueAlert are available online at bcbst.com/providers/newsletters.shtml.
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
Monday–Thursday, 8 a.m. to 5:15 p.m. (ET)
Friday, 9 a.m. to 5:15 p.m. (ET)
AccessTN/Cover Kids 1-800-924-7141
Monday–Friday, 8 a.m. to 6 p.m. (ET)
BlueCare 1-800-468-9736
TennCareSelect 1-800-276-1978
CHOICES 1-888-747-8955
BlueCare Plus™ 1-800-299-1407
BlueChoice™ 1-866-781-3489
SelectCommunity 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–Thursday, 8 a.m. to 5:15 p.m. (ET)
Friday, 9 a.m. to 5:15 p.m. (ET)

BlueAdvantage 1-800-841-7434
BlueAdvantage Group 1-800-818-0962
Monday – Friday, 8 a.m. to 5 p.m. (ET)

eBusiness Technical Support
Phone: Select Option 2 at (423) 535-5717
e-mail: eBusiness_service@bcbs.com
Monday – Thursday, 8 a.m. to 5:15 p.m. (ET)
Friday, 9 a.m. to 5:15 p.m. (ET)

BlueCross BlueShield of Tennessee offices will be closed Dec. 24 and 25, 2014 for the Christmas holiday.

BlueCross BlueShield of Tennessee, Inc. is an Independent Licensee of the BlueCross BlueShield Association.
BlueCross®, BlueShield® and the Cross and Shield symbols are Registered Marks of the BlueCross BlueShield Association, an Association of Independent BlueCross BlueShield Plans.
CPT® is a registered trademark of the American Medical Association.

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