



October 2014

Blue⁺alertSM

BlueCross BlueShield of Tennessee, Inc.

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

Effective Nov. 8, 2014

- Multi-biomarker Testing for Rheumatoid Arthritis

Effective Nov. 19, 2014

- Ado-Trastuzumab
- Genetic Testing, including Chromosomal Microarray Analysis and Next-Generation Sequencing Panels, for Prenatal Evaluation and Evaluation of Children with Developmental Delays/Intellectual Delays or Autism Spectrum Disorder
- Proton or Helium Ion Beam (Charged Particle) Radiation Therapy

Note: These effective dates also apply to BlueCareSM/TennCareSelect pending State approval.

Changes to commercial drug formulary

The following changes will be made to the Commercial Drug Formulary as of Oct. 1, 2014.

- **Roche Accu-ChekTM diabetic testing products will no longer be preferred for most of our plans.** We will continue to have Bayer’s Contour® and Breeze® products as preferred and are adding the Lifescan One Touch® products. Letters are being sent to all Accu-Chek users who may be affected by this formulary change. Coupons for free testing meters and diabetic strips will be offered. Members are being directed to speak to their physicians and pharmacists about this change.

After Oct. 1, 2014, members will not be able to get an Accu-Chek product without first trying – and not succeeding on – one of the preferred products. If you have clinical rationale supporting continued use of an Accu-Chek product by a BlueCross member, you may submit an appeal by faxing a letter to 1-888-343-4232.

- **Monodox will no longer be on BlueCross’ drug formulary.** The generic immediate-release doxycycline will continue to be available for BlueCross members, saving them substantial out-of-pocket expenses.

If a BlueCross member in your care still needs doxycycline, you can notify his or her pharmacy to switch to the **generic product**. **The member may want** to continue to obtain Monodox, however after Oct. 1, this drug will no longer be covered by the member’s pharmacy benefit plan. BlueCross members currently taking Monodox will receive a letter notifying them of this change.

If you have questions about this formulary policy change, please call our Provider Service line†.

Clinical Practice Guidelines Adopted August 2014

BlueCross BlueShield of Tennessee has adopted the following guidelines as practice resources:

2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines

<http://circ.ahajournals.org/content/127/4/e362.full>

Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society

<http://www.annals.org/content/147/7/478>

Guidelines for the Prevention of Stroke in Patients with Stroke or Transient Ischemic Attack. A Guideline for Healthcare Professionals from the American Heart Association/American Stroke Association (2014)

<<https://stroke.ahajournals.org/content/early/2014/04/30/STR.000000000000024.full.pdf+html>>

Guide to Clinical Preventive Services
<<http://www.uspreventiveservicestaskforce.org/recommendations.htm>>

Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents — Third Edition (2008)
<http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html>

Periodic table

<http://brightfutures.aap.org/pdfs/Guidelines_PDF/20-Appendices_PeriodicitySchedule.pdf>

2012 ACCF/AHA Focused Update of the Guideline for the Management of Patients With Unstable Angina/Non-ST-Elevation Myocardial Infarction (Updating the 2007 Guideline and Replacing the 2011 Focused Update): A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines

<<http://circ.ahajournals.org/content/126/7/875.full.pdf+html>>

Seventh Report of the Joint National Committee (JNC) on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure

<<http://www.nhlbi.nih.gov/guidelines/hypertension/jnc7full.pdf>>

Use in correlation with: JNC 7 Express
<<http://www.nhlbi.nih.gov/health-pro/guidelines/current/hypertension-jnc-7/express-report.htm>>

2013 ACCF/AHA Guideline for the Management of Heart Failure: A

Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines

<<http://circ.ahajournals.org/content/early/2013/06/03/CIR.0b013e31829e8776.full.pdf>>

Hyperlinks to these guidelines are also available within the BlueCross BlueShield of Tennessee Health Care Practice Recommendations Manual, which can be viewed in its entirety on the company website at
<<http://www.bcbst.com/providers/hcpr/>>.

Paper copies can be obtained by calling 1-800-924-7141, ext. 6705.

New drugs added to commercial specialty pharmacy listing

Beginning Oct. 1, 2014, the following drugs have been added to our Specialty Pharmacy drug list. Those requiring prior authorization are identified by (PA).

Provider-administered via medical benefit:

- Beleodaq (PA)
- Ruconest (PA)

Self-administered via pharmacy benefit:

- Cerdelga(PA)
- Plegridy
- Triumeq
- Zydelig (PA)

Providers can obtain PA for:

- **Provider-administered drugs** that have a valid HCPCS code by logging onto BlueAccessSM, the secure area of www.bcbst.com, selecting Service Center from the main menu, followed by Authorization/Advance Determination Submission. If you are not registered with BlueAccess

or need assistance, call eBusiness Technical Support†.

- **Provider-administered specialty drugs** that do not have a valid HCPCS code by calling 1-800-924-7141.
- **Self-administered specialty drugs** by calling Express Scripts at 1-877-916-2271.

NOTE: BlueCross updates web authorization forms on a quarterly basis. If the HCPCS code is not available now, it may be in the near future.

Health care for adults with intellectual and developmental disabilities

The Intellectual/Developmental Disabilities (IDD) Toolkit is available on the Vanderbilt Kennedy Center website at www.iddtoolkit.org and provides information for the primary care of adults with intellectual and developmental disabilities.

The Toolkit offers health care providers best-practice tools and information regarding specific medical, mental and behavioral health concerns of adults with intellectual and developmental disabilities, including resources for patients and families. The toolkit is also accessible on smart phones and tablets.

Toolkit Contents

- General Issues
 - Communicating Effectively
 - Informed Consent
 - Informed Consent Checklist
 - Office Organizational Tips
 - Today's Visit Forms
- Physical Health Issues
 - Cumulative Patient Profile
 - Female Preventive Care Checklist
 - Male Preventive Care Checklist

- Checklists-Disability Specific (Autism, Down syndrome, Prader-Willi, Fragile X, 22q11.2 deletion syndrome)
- Behavioral and Mental Health Issues
- Resources

If you have questions or suggestions for the Toolkit, please contact Janet Shouse, IDD Toolkit program coordinator, at janet.shouse@vanderbilt.edu or at (615) 875-8833.

Modified Utilization Management Guideline updates/changes

BlueCross BlueShield of Tennessee's website has been updated to reflect upcoming modifications to select Utilization Management Guidelines. The *Modified Utilization Management Guidelines* can be viewed on the Utilization Management Web page at http://www.bcbst.com/providers/UM_Guidelines/Upcoming_Changes/Upcoming_Changes.htm.

Effective November 19, 2014

The following as relates to inpatient and surgical care:

- *Ambulatory Surgery*
- *Complications: Observation Care*
- *Bone Excision*
- *Prostatectomy, Radical*

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

FDA changes dispensing regulations for hydrocodone products

Effective **Oct. 6, 2014**, medications containing hydrocodone (e.g., Lortab, Vicodin, Vicoprofen, et al.) are moving from Schedule III to the more restrictive Schedule II of the Controlled Substances Act.

What this means for patients who use hydrocodone combination products:

- Per Tennessee state law, prescribers may write a prescription for a maximum of a 30-day supply for these medications.
- Refills are not allowed for these medications.
- Prescribers cannot call in or fax prescriptions for these medications. Patients are required to obtain a new paper prescription each time these medications are needed.

ADMINISTRATIVE

Importance of clinical documentation with ICD-10

BlueCross BlueShield of Tennessee is updating its processes and systems to accept provider claims containing the new code sets in preparation for the ICD-10 compliance date, Oct. 1, 2015.

Supporting clinical documentation will be an important foundation to substantiate the ICD-10 code as well as, facilitate communication for proper patient treatment, support medical necessity, reduce claim denials and minimize external audits.

Visit the company website at www.bcbst.com/providers/icd-10.page for more information about preparing for ICD-10. For more information on clinical documentation guidelines visit AHIMA. Email us at ICD10_GM@bcbst.com if you have further questions about ICD-10.

2014-2015 Reimbursement for influenza vaccine

The timing of flu is very unpredictable and can vary from season to season. Flu activity most commonly peaks in the U.S. in January or February. However, seasonal flu activity can begin as early as October and continue to occur as late as May. Please encourage your patients to get their flu shot and address any fears or misconceptions that they may have in regards to this vaccine. 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†.

Each year the formulation of the "seasonal flu vaccine" is determined based on information from the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC). This vaccine contains different "strains" of flu expected to be active for that year. The following influenza immunization guidelines apply for BlueCross BlueShield of Tennessee.

Commercial

- ***Vaccine and administration***
The influenza vaccine, including intradermal and nasal administered, are covered if offered under the member's health care plan.

BlueCare or TennCareSelect

- ***Vaccine and administration***
Covered.
- ***Nasal administered vaccine***
(recommended for healthy individuals ages 2-49)
Covered.

Note: The nasal administered vaccine is available under the Vaccines for Children (VFC)

Program for children ages 2 through 18 years.

- **Intradermal administered vaccine** (recommended for persons 18 through 64 years of age)

Note: The intradermal administered vaccine is not available under VFC.

Tobacco cessation for commercial members

Your patients who have coverage through BlueCross BlueShield of Tennessee Commercial plans have access to smoking cessation resources through BlueHealth SolutionsSM. Resources to help members leave their unhealthy smoking habit behind include:

- **Lifestyle health coaching** – Support through a one-on-one relationship with a qualified health coach
- **Nicotine replacement therapy** – Free nicotine replacement for four weeks
- **Individualized action plan** – A personalized plan for each member

Encourage your BlueCross Commercial members who use tobacco products to check their plan materials or call Member Service to see if they're eligible for help kicking the habit.

CAQH streamlines the credentialing process *

BlueCross BlueShield of Tennessee has partnered with the Council for Affordable Quality Healthcare (CAQH[®]) to offer practitioners [Universal Provider Datasource](#) (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, <http://www.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.

New prior authorization requirements tool

Look for a new "Prior Authorization Search by Code" tool on the BlueAccess Service Center in fourth quarter, 2014. The tool will be available on the Patient Information page and will allow you to enter a procedure code and diagnosis code for a specific patient and quickly check if prior authorization is required.

For assistance using BlueAccess, please contact eBusiness Technical Support†.

Reminder: Electronic claims submission

BlueCross BlueShield of Tennessee continues its efforts to encourage greater use of electronic processing tools, including greater adoption of electronic claims submissions. Submitting claims electronically produces faster payments, more efficient claims processing, guaranteed record of receipt of claims and more efficient claims tracking. Conversion to electronic claims includes initial claims submissions, secondary claims and corrected bills.

BlueCross is currently working with the provider community to understand why paper claims are being submitted today

and determine what we can do to help achieve a fully electronic claims environment. New tools have been developed to address gaps in some existing processes that can lead to paper claim submission.

Please contact eBusiness Technical Support† to discuss how your organization can continue moving from paper to electronic claims submission. More information is available on the company website at <http://www.bcbst.com/providers/ecom/> or you can contact us via email at eBusiness_Service@bcbst.com.

Reminder: Earn CEUs at absolutely NO COST!

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 teaches 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 or 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.

BlueCare Tennessee

CLINICAL

This information applies to BlueCare and TennCareSelect plans, excluding dual-eligible BlueCare Plus (HMO SNP)SM unless stated otherwise

Reminder: Complete the TENNderCare Checkup when Performing Sports Physicals

With the beginning of the school year and many children playing sports, it is a good opportunity to provide the TENNderCare checkup while conducting the sports physical.

To be considered a TENNderCare checkup, the following should be completed at the visit:

- Health history
- Complete physical exam
- Lab tests as needed
- Shots as needed
- Vision/hearing screening
- Developmental/behavioral screening as appropriate
- Advice on how to keep healthy

For more information about TENNderCare checkups and billing, please refer to <http://www.tnaap.org/>.

ADMINISTRATIVE

This information applies to BlueCare and TennCareSelect plans, excluding dual-eligible BlueCare Plus (HMO SNP)SM unless stated otherwise

Are you seeing your assigned members?

We all know how important it is for Primary Care Providers (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.

Check the member ID card or the patient listings on BlueAccess to confirm assignment. Look for future articles in your BlueAlert newsletter concerning upcoming changes for PCPs in 2015.

Reminder: TennCare member appeal poster must be displayed

The Bureau of TennCare requires the Member Appeal Poster be displayed in a visible location within all provider offices in the event the member has a grievance with the managed care organization or the provider. The poster is available on the company websites, <http://www.bcbst.com/providers/forms/Member_Appeal_Poster.pdf> and <http://bluecare.bcbst.com/forms/Provider%20Information/Member_Appeal_Poster.pdf>.

Please be sure to display this poster in your office for BlueCare and TennCareSelect members.

Behavioral health update *

Beginning Jan. 1, 2015, BlueCare Tennessee will assume responsibility for behavioral health contracting for the BlueCare, TennCareSelect/ CoverKids, and BlueCare Plus (HMO SNP)SM networks. Credentialing for BlueCross BlueShield of Tennessee will be handled by utilizing [CAQH, Universal Provider Datasource](#).

Please keep in mind these important dates for **facility contracts**:

- Oct. 1, 2014 – Deadline for returning signed contract with fee schedule
- Jan. 1, 2015 – Earliest network effective dates

Please keep in mind these important dates for **professional contracts**:

- Oct. 1, 2014 – Deadline for returning signed contract/OWDC form
- Jan. 1, 2015 – Earliest network effective date

New guidelines, MCG (formerly, Milliman Care Guidelines) will go into effect Jan. 1, 2015.

- Save the date of Nov. 12, 2014 for a webinar presentation that will highlight the new guidelines as well as introduce our web authorization tool that will be available on BlueAccess beginning Jan. 1, 2015. Email invitations will be sent for this event.

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

Welcome back middle Tennessee providers

Effective Jan. 1, 2015, BlueCare Tennessee is excited to again be serving TennCareSM members in the Middle Grand Region. We want to make sure you are aware of our programs, services and guidelines, and to help ensure there is no service disruption for your patients who are BlueCare Tennessee members.

Things to do:

The Tennessee Medical Association (TMA) Workshop will be held on Oct. 28, 2014, at the Nashville Marriott Airport where you will be able to speak with BlueCare Tennessee representatives. To attend, please register online with TMA at <<http://www.tnmed.org/professional-development/insurance-workshops/>>.

Check out the provider section of our BlueCare Tennessee website which has a lot of information to help familiarize you with regulations, guidelines, newsletters, and Electronic Data Interchange. This page also includes the *BlueCare Tennessee Provider*

Administration Manual. Refer to the Newsletters, Announcements section of the website for important information, including the BlueCare Middle Region provider letter mailed to you on Aug. 7, 2014.

If you would like to contract with BlueCare Tennessee or are already contracted but need to add an additional location or make changes to your current location, please call 1-800-924-7141 and choose Option 2 or say "Network Contracts or Credentialing" when prompted. Representatives will assist you with all your contracting requests and location changes.

We look forward to working with you to provide quality health care to our members.

TENnderCare medical record documentation – vision testing

In accordance with the most current American Academy of Pediatrics Recommendations for Pediatric Health Care, evidence that appropriate vision testing is addressed according to age-specific guidelines should be present in a member's medical record as part of the TENnderCare check-up.

Vision acuity should be documented at each visit beginning at age 3 (if child is cooperative) and subsequently at ages 4, 5, 6, 8, 10, 12, 15, and 18 years of age (or at the *in-between* year, up to age 20, if not done at the specified year). Medical record documentation should include all screenings and results. Note: If the child is uncooperative during the objective testing, subjective testing would be appropriate to be included in the record for documentation. Please refer to the *Tennessee Chapter of the American Academy of Pediatrics EPSDT Manual* at

<<http://www.tnaap.org/EPSDT/EPSDTmanual.htm>> for detailed medical record documentation criteria.

Federal PCP Rate Bump ending in December

Beginning Jan. 1, 2013 through Dec. 31, 2014, qualified primary care physicians (PCPs), as detailed by CMS regulation, have been receiving a rate change for eligible CPT® Codes. This rate change is also referred to as the "PCP Bump" and the "PCP Rate Enhancement Payment." The PCP Rate Bump is scheduled to end as of Dec. 31, 2014.

Look for future BlueAlert articles or visit our website at <http://bluecare.bcbst.com/> for more information.

Tennessee health care innovation initiative

BlueCross BlueShield of Tennessee participates in the effort launched in May by the State of Tennessee for 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.

Episode reports are available on BlueAccess, our secure web portal on www.bcbst.com. These reports were developed based upon standards and guidelines issued by the State informing you about your cost and quality levels based on comparisons with your peers. The second round of reports is now available on BlueAccess. Log on and scroll to the link "Tennessee Health Care Innovation Initiative." Next select the reporting period and line of business you want to review.

Our initial reports included data from our Medicare Advantage product, but in the future this data will be excluded. As a result, you will see a change in the weights and factors for the commercial total joint replacement bundles.

If you would like additional information on the Tennessee Health Care Innovation Initiative, BlueAccess provides some Frequently Asked Questions and a guide to help you understand how to read the reports. You can also find more information at <<http://www.tn.gov/HCFE/strategic.shtml>>.

Inpatient hospice services update*

Inpatient hospice claims should be billed with Revenue Code 0658, with only one line to indicate the date span unless there is a break in the member's stay. Billing a line item for each date of service is not necessary.

Also, please make sure you submit your provider indicator number (PIN) in the CLM*NTE segment when filing electronically or in Form Locator 80 of the CMS-1450. The PIN should be submitted without dashes, spaces or other verbiage in the segment.

Medicare Advantage ADMINISTRATIVE

This information applies to BlueAdvantageSM HMO/PPO plans, excluding dual-eligible BlueCare Plus (HMO SNP)SM unless stated otherwise

New CMS requirement for non-covered services/supplies*

In accordance with 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 (PPO)SM or BlueChoice (HMO)SM 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, 422.566(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.

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.

Negative pressure wound therapy *

Starting **Nov. 1, 2014**, negative pressure wound therapy devices and supplies will be authorized per Local Coverage Determination (LCD) criteria on a two-week basis. After the initial approval, the program will review the wound progress and evaluate medical necessity per the LCD every two weeks, which will be handled by a nurse case manager to decrease turnaround times for authorization requests.

Home health nursing *

All Medicare Advantage members can receive a home health nursing evaluation without an authorization request. On **Nov. 1, 2014**, BlueAdvantage will be implementing a protocol for home health nursing services that will allow for up to eight visits in a 30-day range if medical necessity criteria are met. Any additional services after the 8 visits (even if within the 30-day time period) would require a separate request and updated clinical information to evaluate for ongoing medical necessity.

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 under revenue code 510 (hospital-based clinic setting as defined in 42 CFR 410.2) when

provided in conjunction with an E&M professional service charge.

As a reminder, on Sept. 1, 2014, BlueAdvantage (PPO) and BlueChoice (HMO) programs introduced a DRG outlier day review program and a readmissions reduction program for members in acute inpatient care settings. The outlier day program is based on a medical necessity review of the days relative to MCG criteria. The readmission program has an administrative penalty for same or similar diagnosis readmissions within 31 days. Please see last month’s BlueAlert or the Provider Administrative Manual for more details on these programs.

Reminder: Expanded population health programs

As a reminder, in July, BlueCross BlueShield of Tennessee Medicare Advantage plans expanded its Condition Management Programs for members with:

- Diabetes
- CHF/CAD/Hypertension/High Cholesterol
- Asthma/COPD
- ESRD on Hemodialysis

These programs include information about the member’s diagnosis and health coaching to encourage compliance with your plan of care and prescription adherence. The latest techniques of motivational interviewing and readiness to change assessments are built into the health coaching models. If you have a member with one of these diagnoses and you would like to refer them for enrollment, please contact Julie Thomas, Medicare Products Case Management and Population Health Supervisor at (423) 535-6827.

*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

<<http://www.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 PlusSM **1-800-299-1407**
BlueChoiceSM **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@bcbst.com
Monday – Thursday, 8 a.m. to 5:15 p.m. (ET)
Friday, 9 a.m. to 5:15 p.m. (ET)