



Source of Reference	Answer – Reference specific sections in the <i>BlueCross BlueShield of Tennessee Provider Administration Manual on BlueSource or Provider page of the company Web site, bcbst.com.</i>										
Appeals	Refer to Section VIII. H. Provider Appeal Process. Refer to Section XIII. Provider Dispute Resolution Procedure.										
Behavioral Health Services	Refer to Section XX. Behavioral Health Services. Telephone Access for Referral and Authorization: 1-800-888-3773  To avoid delays in receiving payments, behavioral health claims should be submitted to: BlueCross BlueShield of Tennessee P.O. Box 180150 Chattanooga, TN 37420 Some plans use other vendors for behavioral health administration (see member ID card for details).										
Billing Methods	Refer to Section VI. A. How to File a Claim. Accept paper, OCR Scannable or Electronic For Blue Networks C, K, P and S, BlueCross65 <sup>SM</sup> and Federal Employee Program (FEP) submit paper claims to: BlueCross BlueShield of Tennessee ATTN: Claims Service Center P.O. Box 180150 Chattanooga, TN 37401										
BlueAccess	Access eHealth Services <sup>®</sup> via BlueAccess on the company Web site, bcbst.com for benefits, claims and authorization information, access to remittance advices, Real Time Claims Adjudication and much more.  First time users click on the BlueAccess link located on bcbst.com and follow instructions to obtain a user ID and password.  For BlueAccess information, call: <table style="margin-left: auto; margin-right: auto;"> <tr> <td>East Tennessee</td> <td>Faye Mangold</td> <td>423-535-2750</td> </tr> <tr> <td>Middle Tennessee</td> <td>Heather Miller</td> <td>615-386-8549</td> </tr> <tr> <td>West Tennessee</td> <td>Debbie Angner</td> <td>901-544-2285</td> </tr> </table> eBusiness Service Center 423-535-5717	East Tennessee	Faye Mangold	423-535-2750	Middle Tennessee	Heather Miller	615-386-8549	West Tennessee	Debbie Angner	901-544-2285	
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BlueCard <sup>®</sup> Program (For non-Tennessee Blue Plan members)	Refer to Section XVI. BlueCard <sup>®</sup> Program. Verify eligibility/benefits (contact Home Plan) 1-800-676-BLUE (2583) <u>or</u> Call the number on back of the member ID card <u>or</u> Online via the BlueAccess link on bcbst.com  Prior authorizations (contact Home Plan) See back of Member's ID card Electronic claims submission (contact Host Plan) 423-535-5717 BlueCard <sup>®</sup> Host Service (contact Host Plan) 1-800-705-0391										
Coding Guidelines	Refer to Section VI. B. General Billing Information Addition/Deletion of new codes.										
Corrected Claims (Claims listed on Remittance Advice used to adjust a billing error)	Refer to Section VI. A. How to File a Claim. File on paper with CORRECTED BILL written or stamped in black ink in Block 19 of the CMS-1500 claim form. Must submit corrected bill within 2 years of the end of the year claim was originally filed.										
Cover Tennessee	For CoverTN refer to Section XXV. Visit the company Web site, bcbst.com for more information on all Cover Tennessee programs; AccessTN, CoverKids and CoverTN. Provider Service 1-800-924-7141										
Credentialing	Refer to Section XIV. Credentialing. Inquiries regarding the Credentialing process should be addressed to the following: <table style="margin-left: auto; margin-right: auto;"> <tr> <td><b>Mailing Address:</b></td> <td><b>Telephone Inquiries:</b></td> </tr> <tr> <td>Attn: Credentialing Department – 4TC</td> <td>1-800-357-0395 (Toll Free)</td> </tr> <tr> <td>BlueCross BlueShield of Tennessee</td> <td>423-535-8357 (Fax)</td> </tr> <tr> <td>P.O. Box 180176</td> <td>423-535-6711 (Fax)</td> </tr> <tr> <td>Chattanooga, TN 37401</td> <td></td> </tr> </table>	<b>Mailing Address:</b>	<b>Telephone Inquiries:</b>	Attn: Credentialing Department – 4TC	1-800-357-0395 (Toll Free)	BlueCross BlueShield of Tennessee	423-535-8357 (Fax)	P.O. Box 180176	423-535-6711 (Fax)	Chattanooga, TN 37401	
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Dental Program	Refer to Section XVIII. Dental Program. Verify benefits by contacting BlueCross BlueShield of Tennessee's Dental Services at 1-800-523-1478 or the number on front of the Member's ID card.										
Eligibility Verification/ Claims Status/ Online Prior Authorizations	Refer to Section III. How to Identify a BlueCross BlueShield Member. <ul style="list-style-type: none"> <li>• Provider Service – 1-800-924-7141</li> <li>• Non-BlueCross BlueShield of Tennessee Blue Plan members – 1-800-676-BLUE (2583)</li> <li>• See BlueAccess</li> </ul>										
Federal Employee Program (FEP) Claims	Claims for Covered Services provided to FEP Members are submitted in the same manner as other local BlueCross BlueShield of Tennessee contracts. For FEP Customer Service, contact 1-800-572-1003 or 423-535-5707.										



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Hospitals, Outpatient Centers in Plan	List of participating hospitals can be found in the Provider Directory section on company Web site, <i>bcbst.com</i> .																								
How to Identify a Member	Refer to Section III. How to Identify a BlueCross BlueShield Member.																								
Incomplete Claims (Returned to provider, not listed on Remittance Advice)	Refer to Section VI. A. How to File a Claim. Submit new claim either electronically or hardcopy on new claim form. DO NOT write or stamp “Corrected Claim” on the new claim.																								
Information on ID Cards (content varies slightly)	Refer to Section III. A. Identifying a Member’s ID card. Member name, ID number (including three-letter alpha-prefix), group number (if applicable), copays, network, prior authorization toll-free number, member service toll-free number, provider service toll-free number, mailing address for claims, inquiries, Rx Network (if applicable) and Behavioral Health Services telephone number (if applicable).																								
Medical Directors	<table border="0"> <tr> <td>Chattanooga</td> <td>Inga Himelright, MD</td> <td>865-588-4693</td> </tr> <tr> <td>Jackson</td> <td>Robert L. Yates, MD</td> <td>423-535-7918</td> </tr> <tr> <td>Johnson City</td> <td>Inga Himelright, ME</td> <td>865-588-4693</td> </tr> <tr> <td>Knoxville</td> <td>Inga Himelright, MD</td> <td>865-588-4693</td> </tr> <tr> <td>Nashville</td> <td>John Wright, MD</td> <td>615-386-8634</td> </tr> <tr> <td>Memphis</td> <td>Robert L. Yates, MD</td> <td>423-535-7918</td> </tr> <tr> <td>TennCare</td> <td>Deborah Webb, MD</td> <td>423-535-8079</td> </tr> </table>	Chattanooga	Inga Himelright, MD	865-588-4693	Jackson	Robert L. Yates, MD	423-535-7918	Johnson City	Inga Himelright, ME	865-588-4693	Knoxville	Inga Himelright, MD	865-588-4693	Nashville	John Wright, MD	615-386-8634	Memphis	Robert L. Yates, MD	423-535-7918	TennCare	Deborah Webb, MD	423-535-8079			
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Medicare Advantage	<p>Refer to Section XXIV. Visit the company Web site, <i>bcbst.com</i> for information about Medicare Advantage plans.</p> <p>Submit paper claims to: BlueCross BlueShield of Tennessee Attn: BlueAdvantage P.O. Box 180205 Chattanooga, TN 37402-7205</p> <table border="0"> <tr> <td>BlueAdvantage Provider Service</td> <td>1-800-841-7434</td> </tr> <tr> <td>Prior Authorizations</td> <td>1-800-924-7141</td> </tr> <tr> <td>Preferred Care Services, Inc. (Pharmacy Benefits Manager)</td> <td>1-877-878-8668</td> </tr> <tr> <td>Physician Formulary Exceptions</td> <td>1-888-234-8253</td> </tr> </table>	BlueAdvantage Provider Service	1-800-841-7434	Prior Authorizations	1-800-924-7141	Preferred Care Services, Inc. (Pharmacy Benefits Manager)	1-877-878-8668	Physician Formulary Exceptions	1-888-234-8253																
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Member Information	Customer Service 1-800-565-9140 or number listed on member ID card For Non-Tennessee Blue Plan members contact member’s Home Plan with any questions.																								
Pharmacy	<p>Refer to Section XIX. Pharmacy. Pharmacy Preferred Drug List, Maintenance List, drugs that require prior approval or have quantity limits can be accessed on the Provider page of the company Web site, <i>bcbst.com</i>.</p> <table border="0"> <thead> <tr> <th></th> <th><b>Telephone</b></th> <th><b>Fax</b></th> </tr> </thead> <tbody> <tr> <td>Regional Pharmacy Director</td> <td>1-800-924-7141</td> <td>423-535-4566 or 901-544-2735</td> </tr> <tr> <td>Caremark For drug prior approval</td> <td>1-877-916-2271</td> <td>1-888-836-0730</td> </tr> <tr> <td>Caremark Help Desk</td> <td>1-800-345-5413</td> <td></td> </tr> <tr> <td colspan="3"><b>Specialty Pharmacy Vendors</b></td> </tr> <tr> <td>Caremark Specialty Pharmacy Services</td> <td>1-800-237-2767</td> <td>1-800-323-2445</td> </tr> <tr> <td>CuraScript, Inc.</td> <td>1-888-773-7376</td> <td>1-888-773-7386</td> </tr> <tr> <td>Accredo Health Group</td> <td>1-888-239-0725</td> <td>1-866-387-1003</td> </tr> </tbody> </table>		<b>Telephone</b>	<b>Fax</b>	Regional Pharmacy Director	1-800-924-7141	423-535-4566 or 901-544-2735	Caremark For drug prior approval	1-877-916-2271	1-888-836-0730	Caremark Help Desk	1-800-345-5413		<b>Specialty Pharmacy Vendors</b>			Caremark Specialty Pharmacy Services	1-800-237-2767	1-800-323-2445	CuraScript, Inc.	1-888-773-7376	1-888-773-7386	Accredo Health Group	1-888-239-0725	1-866-387-1003
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Pre-existing	Refer to Section I. E. General Information FAX attestation letter to 1-800-495-1944. To contact Pre-existing Review, call the telephone number listed on the attestation letter.																								
Preventive Care	Preventive care benefits vary according to the Member’s health care benefits plan. To verify benefits call: Provider Service 1-800-924-7141 Customer Service 1-800-565-9140, number listed on back of member ID card, or Use BlueAccess and e-Health Services® on the company Web site, <i>bcbst.com</i> .																								
Services Requiring Prior Authorization	Refer to Section VIII for list of selected services requiring prior authorization. 1-800-924-7141 423-535-6475 or 423-535-6994 To request prior authorization for select high-tech imaging (HTI) radiology procedures performed in an outpatient setting, call MedSolutions, Inc. at 1-888-693-3211.																								
Vision Care	Refer to Section XVII. Optional Vision Care Coverage. The Vision Care Program provides benefits for members when services are for routine eye examinations, including follow-up care, and dispensing of glasses or contact lenses.																								

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