



Billing for School-Based Services (SBS)

Steps for School Districts to Become SBS Network Providers



Please follow these steps to provide and bill SBS for our BlueCare Tennessee members. Both school districts and individual health care providers listed on the claim must complete this registration process for all National Provider Identifiers (NPIs) before we can pay claims.

Note: The process outlined below is only for our members. You'll need to follow each managed care organization's (MCO's) contracting process to get reimbursed for services provided to students assigned to another TennCare MCO.



Joining Our Network

1 Register for an NPI

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) require an NPI for all covered health services. To apply for an NPI, visit the Centers for Medicare & Medicaid Services (CMS) website at [cms.gov/medicare/regulations-guidance/administrative-simplification/how-apply](https://www.cms.gov/medicare/regulations-guidance/administrative-simplification/how-apply). There are two types of NPIs:

- › Each individual health care provider rendering services on behalf of the school district must apply for **Type 1**.
- › **Type 2** is required for the school district.

2 Apply for a TennCare/Medicaid ID

Find out how to apply for a TennCare/Medicaid ID online at tn.gov/tenncare/providers/provider-registration.html.

- › School systems would choose **Non-Medical Service Providers** in the “category” drop-down and **School Corporation** in the “type” drop-down when registering.
- › An individual health care provider who’s Individual health care providers treating students need to register on the **TennCare Provider Registration Portal** at pdms.tenncare.tn.gov. They’ll then need to complete the **CAQH application** here: proview.caqh.org.

For an overview on TennCare individual provider registration, please see the **TennCare Individual Provider Roadmap**.

If you have questions about the process for school systems or individual health care providers, please contact TennCare:

- › TennCare Provider Services:
1-800-852-2683, option 5
- › Email: provider.registration@tn.gov

3 Set up Electronic Funds Transfer (EFT)

Providers who are new to our network must enroll in EFT services with Change Healthcare before beginning our enrollment and contracting process.

To set up EFT, please visit payerenrollservices.com and select **Begin Enrollment**.

4 Register with Availity®

After getting the Type 2 NPI and Medicaid ID, you'll also need to register with Availity at availity.com/Essentials-Portal-Registration.

5 Discuss next steps with our team

After you complete the steps above, we'll schedule a call to discuss the next steps for enrollment and contracting process.

Note: To complete enrollment, the practitioner who's providing program oversight must be included on the enrollment application. This provider must also have a Medicaid ID, and their CAQH information needs to include the school tax ID, group NPI and school address.

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6 Get your provider ID

Once your contract is established, we'll send a request for configuration, and you'll be assigned a provider ID. Our goal is to complete provider credentialing and contracting within 30 days of getting the completed application.

7 Attend a claims submission demo

Once you have your provider ID, we'll schedule a demo to show you how to file your claims. We've included a snapshot on the next page of what it looks like to submit a claim in Availity.

Quick Claims Snapshot

You'll submit most SBS claims through Real Time Claim Adjudication (RTCA) in Availity. This application will be the easiest claim solution because there are fewer fields to complete. If your student has other insurance, please file those claims using the Professional Claim form option Availity allows for all Payers.

When using RTCA, you'll fill out the claim on this form:

Physician Service Details
Enter the service details for this claim/estimate.

Patient

Name: HALL, CHRIS
Address: 1 CAMERON HILL CIRCLE
CHATTANOOGA, TN 37402

Plan's Member ID: 902218823-00
Std Unique Health ID:
DOB: 08/06/1959
SSN: XXX-XX-3333
Age: 61
Gender: M

Group ID: 100000
Original Effective: 01/01/2001
Eligible as of: 01/01/2019
Status: Eligible
Subscriber Assets: (none)

Subscriber: HALL, CHRIS

Enter the referring provider's exact NPI if known or enter a Last Name and click "Search" to find the provider. Click "Advanced" for more provider search options.

Referring Provider (Optional): (none selected)

Patient Account No:

* Indicates required information

Prior Authorization or Referral Number (Optional)

Patient's Condition Impact on Estimate (Optional)

Medical Claim Details: New
Select the ICD type needed for this claim from the list below
ICD Type: ICD-10

#	Date of Service from*	Date of Service to*	Place of Service*	CPT/HCPCS*	Modifiers 1-4	Diagnosis*	Charge*	Units*
1:	01/12/2021	01/12/2021	11					1
2:	01/12/2021	01/12/2021	11					1
3:	01/12/2021	01/12/2021	11					1
4:	01/12/2021	01/12/2021	11					1

Total Charge: \$ 0.00

Click "Estimate Liability" to view the estimated patient liability or "Claim Submission" to send final claim for adjudication.

Then, you can click **Estimate** to see how the claim looks. Click the **Claim Submission** button when you're ready to transmit the claim to us.

Real Time Claims Estimation/Adjudication

Get Started | Create Claim/Estimate | History Search | Administration

Estimate

This summary of benefits is based on the information you have given today. Final determination will be made upon the completion of the processing of the claim. These benefits may change due to possible coverage changes, COBRA eligibility changes or coverage cancellation. The member's coverage can terminate retroactively, whether he or she is an active member or an COBRA or State continuation.

Submitted: 2021-01-12 11:36:14.889
Reference ID: 80049448700
Status: Estimate - Pre-Determination Pricing Only; No Payment

Statement Dates: 01/12/2021 - 01/12/2021
Patient Account #: 1

Patient

Name: HALL, CHRIS
Address: 1 CAMERON HILL CIRCLE
CHATTANOOGA, TN 37402
Plan's Member ID: 902218823-00
Std Unique Health ID:
Group ID: 100000
Subscriber Assets: (none)

Provider

Name (NPI): ABC Medical Clinic
Address: 1 Cameron Hill Circle
Chattanooga, TN 37402
Network Indicator:

Claim Totals

Charges:	\$150.00
Network Savings:	\$45.00
Not Covered:	\$0.00
BCBST Pays:	\$75.00
Deductible:	\$0.00
Co-pay:	\$30.00
Co-insurance:	\$0.00
Total Member Responsibility:	\$30.00
Less HRA Payments:	\$0.00
Balance to Collect from Member:	\$30.00

Claim Messages

Claim Explanation Codes:
ICD Versions:
Input: ICD-10 Processed: ICD-10

Claim Details (use mouse to hover over headings and code to get description)

Service Date	Procedure	Charge	Allowed	Network Savings	Not Covered	Less HRA	Member Balance	BCBST Pays	Reason Code	Prior Auth/Referral
01/12/2021	99213	\$150.00	\$105.00	\$45.00	\$0.00	\$0.00	\$30.00	\$75.00	3, 45	
Grand Total:		\$150.00	\$105.00	\$45.00	\$0.00	\$0.00	\$30.00	\$75.00		

Cancel | Re-Estimate | Edit Claim | Save as PDF | Claim Submission

We're Here to Help

Thank you for your willingness to serve our members. If you have questions about this process, please contact a member of our team:

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