



# EPSDT Partners in Prevention

Updated July 2025





BlueCare<sup>SM</sup>  
TennCare*Select*

1 Cameron Hill Circle  
Chattanooga, TN 37402-0001  
bluecare.bcbst.com

Dear Provider:

**We need your help.** Across the state, thousands of kids who are enrolled in BlueCare Tennessee don't get their annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) checkups. We're asking for your help to improve that number. As a network provider, we know you're dedicated to improving the health of your patients, and we're here to support you.

Consider these important reminders as we work together to improve the health of kids throughout Tennessee:

- › Rates for well-child care remain low in several areas of Tennessee, especially in rural and underserved communities in the Middle and West regions.
- › Since the COVID-19 pandemic, fewer children are getting well-child visits—and screening rates drop sharply during the teen years. We need your help encouraging families—especially those with teens—to schedule annual screenings.
- › These missed visits mean missed opportunities to detect developmental, behavioral and physical health issues early.
- › Our members often face greater health risks and rely on regular checkups to stay healthy.

Thank you for the care you provide to your BlueCare Tennessee patients. Together, we can close gaps in care and keep Tennessee's youth on the path to health.

Sincerely,

Your Provider Service Team



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## Care Management Contacts

	<b>Commercial</b>	<b>BlueCare<sup>SM</sup> TennCareSelect CoverKids<sup>SM</sup></b>	<b>BlueAdvantage (PPO)<sup>SM</sup> &amp; BlueChoice (HMO)<sup>SM</sup></b> (Medicare Advantage)	<b>BlueCare Plus (HMO SNP)<sup>SM</sup></b>
<b>Transition of Care</b>	<b>1-800-515-2121 ext.6900</b> Fax: 1-866-230-3424	<b>1-888-423-0131</b>	<b>1-800-924-7141</b> Fax: 1-888-535-5243	<b>1-877-715-9503</b> Fax: 1-866-325-6694

*Includes discharge coordination, Skilled Nursing Facility & Rehab transfers, Home Health, and Durable Medical Equipment*

<b>Population Health</b>	<b>1-800-818-8581</b>  Transplant: 1-888-207-2421	<b>1-888-416-3025</b>	<b>1-800-611-3489</b> Fax: 1-800-727-0841  High-Tech Imaging: Phone: 1-888-258-3864	<b>1-877-715-9503</b> Fax: 1-866-325-6694
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*Includes Case Management, Disease/Chronic Condition Management and Behavioral Health*

<b>Reconsideration</b>	<b>1-800-924-7141</b> or call assigned TOC nurse	<b>1-888-423-0131</b>	Reconsiderations are an appeal after organizational determination per CMS regulations. Follow appeal directions below.	<b>1-800-299-1407</b>
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*Additional information for active authorization related services: call, fax or send via web for reconsideration of an adverse determination*

<b>Peer-to-Peer Discussions</b>	<b>1-800-924-7141</b> or TOC nurse can assist. Requires two dates/availability times. If bypassed and appeal is initiated, then the peer-to-peer option is forfeited.	<b>1-888-423-0131</b> Requires two dates/availability times.	<b>1-800-924-7141</b> Peer-to-Peer is offered for lack of clinical information or as additional part of provider appeal process.	<b>1-866-789-6314</b> Requires two dates/availability times.
<b>Appeals Related to an Authorization</b>	Fax: <b>(423) 591-9451</b> BlueCross BlueShield of Tennessee 1 Cameron Hill Circle, Ste 0017 Chattanooga, TN 37402-0017	Fax: <b>1-888-357-1916</b> BlueCross BlueShield of Tennessee 1 Cameron Hill Circle, Ste 0020 Chattanooga, TN 37402-0020	Fax: <b>1-888-535-5243</b> BlueAdvantage <sup>SM</sup> / BlueChoice Appeals <sup>SM</sup> 1 Cameron Hill Circle, Ste 00050 Chattanooga, TN 37402-0005	Fax: <b>(423) 591-9163</b> BlueCare Plus 1 Cameron Hill Circle, Ste 00042 Chattanooga, TN 37402-0042

*Should occur when unsatisfied with the reconsideration or Peer-to-Peer options*

**Claim-related reconsiderations and appeals with no authorization on file.**

BlueCross BlueShield of Tennessee  
1 Cameron Hill Circle, Ste 0039  
Chattanooga, TN 37402-0039

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<b>Behavioral Health Referrals</b>	Vendor/coverage can vary from plan to plan, so check with Provider Service at <b>1-800-924-7141</b>	<b>1-888-423-0131</b>	<b>1-800-924-7141</b>	<b>1-877-715-9503</b>
<b>Behavioral Health Consultation Lines</b>	PCP Consult Line: <b>1-800-367-3403</b> BH Peer to Peer Request Line: <b>(423) 535-2015</b>			
<b>24/7 Nurseline</b>	<b>1-800-818-8581</b>	<b>1-800-262-2873</b>	<b>1-866-275-1660</b>	<b>1-888-747-8951</b>

Can provide to members at time of discharge


<b>Customer Service/ Provider Services</b>	<b>1-800-924-7141</b>	<b>1-800-468-9736</b> BlueCare <b>1-800-276-1978</b> TennCareSelect <b>1-888-325-8386</b> CoverKids	<b>1-800-924-7141</b> <b>1-888-258-3864</b> Part B Pharmacy <b>1-877-965-2271</b> ESI Part D Pharmacy <b>1-888-258-3864</b> High Tech Imaging	<b>1-800-299-1407</b>
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Authorizations, Benefits, Claims, Billing

<b>Customer Service/ Member Services</b>	<b>1-800-565-9140</b>	<b>1-800-468-9698</b> BlueCare <b>1-800-263-5479</b> TennCareSelect <b>1-888-325-8386</b> CoverKids <b>Non-Emergency Medical Transportation:</b> <b>1-855-735-4660</b> BlueCare Statewide <b>1-866-473-7565</b> TennCareSelect Statewide Website: <b>bluecare.bcbst.com</b>	<b>1-800-831-BLUE (2583)</b> BlueAdvantage <b>1-800-818-0962</b> Group <b>1-888-851-2583</b> BlueEssential	<b>1-800-332-5762</b>
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**Web Services**

**(423) 535-5717 (Option 2)**  
eBusiness Service Center, Technical Issues to Web Authorization or Availity®



## Primary Care Provider/Member Assignment Program Basics

Our goal is to pay you promptly and accurately for the care you provide. Since 2015, a key rule for reimbursement is tied to the assignment of a member to a primary care provider (PCP). Here are a few program reminders to help answer any questions you have.

### **PCP Payment Only for Assigned Members**

PCPs are paid only for the care they provide to members assigned to them. Members are assigned based on the availability of providers, with limits based on age, gender and panel size, as well as where the members live and which provider(s) other family members see. Please confirm that patients are assigned to a provider in your practice before you provide care. A roster of patients assigned to you is available by logging in to Availity®, our secure provider website.

### **Reimbursement for Covering Providers**

PCPs within the same practice are automatically considered covering providers. You're also eligible for reimbursement if your practice is on record with BlueCare Tennessee as a covering provider for the member's assigned PCP. This applies for claims filed with locations 11 (office) or 12 (home). However, providers may not serve as both a PCP and a specialist. For more details, please see the BlueCare Tennessee Provider Administration Manual.

### **Confirm/Check Covering PCP Information**

You can easily confirm or check your practice's covering information by:

- › Calling Provider Services at **1-800-924-7141, option 1**

or

- › Faxing your covering provider listing on business letterhead to **(423) 535-3066** and **(423) 535-5808**

## Changing PCP Assignments for Members

Our members are auto-assigned to providers, but they can change their PCP assignment in their online account or by calling the number on the back of their ID card.

Providers can submit changes to their member rosters in Availity by using the **PCP Change Maintenance application**. You must use this application to change a patient's assigned PCP. This allows you to make changes in real time. After submitting the PCP change, you can look up the patient on the **Eligibility & Benefits** screen to verify the change.

Your patients can then view their new PCP on their digital ID card once the change is made and will automatically get a new ID card in the mail.

For more information, review the **PCP Change Maintenance Application Quick Reference Guide** in the **Resources** section of Availity **Payer Spaces**.


## Member Care Outside Traditional Clinic Setting

Our goal is to help members make informed health care choices by encouraging them to receive coordinated care, which starts with their assigned PCP. When members consistently visit locations like the ones listed in the table on this page, without being assigned to the PCP, the goal of coordinated member care isn't met.

However, we know not every PCP practices in a traditional clinic setting. To help address this scenario, when a PCP provides services to unassigned members at any of the locations below, we encourage you to file the appropriate location code on the claim to avoid claim denials.

Location Code	Location Description
02 or 10	Telehealth
03	School
15	Mobile Unit
17	Walk-In Retail Health Clinic
20	Urgent Care Center
50	Federally Qualified Health Center (FQHC)
71	Public Health Clinic
72	Rural Health Clinic





## HEDIS<sup>®</sup> Quality Metrics and EPSDT

TennCare Kids EPSDT exams have reporting criteria and eligibility requirements that differ from the HEDIS measures for well-child performance. Here's what you need to know.

### Defining HEDIS and EPSDT Measures

#### W30

**Well-Child Visits in the First 30 Months of Life consists of two measures:**

- › Well-Child Visits in the First 15 Months: Children who turned 15 months old during the measurement year and had six or more well-child visits
- › Well-Child Visits for Age 15-30 Months: Children who turned 30 months old during the measurement year and had two or more well-child visits

#### WCV

**Child and Adolescent Well-Care Visits:**

The percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the measurement year

#### CMS-416

**Annual EPSDT Screening Ratio:**

Ratio indicating the extent to which children and adolescents eligible for an EPSDT exam received the number of initial and periodic screening services required by the state's periodicity schedule, prorated by the proportion of the year for which they were EPSDT eligible

## Measure Differences

HEDIS W30/WCV	EPSDT CMS-416
Measurement Year (MY): January–December	Federal Fiscal Year (FFY) from October–September
Requires 12+ months of continuous enrollment (12+ months for W30, 12 months for WCV)	Requires 90 days of continuous enrollment
<ul style="list-style-type: none"> <li>› WCV Age as of end of MY (Dec. 31)</li> <li>› W15/W30 Age as of date of birth</li> </ul>	EPSDT Age as of end of FFY (Sept. 30)
Members aged 15 months require six visits in a 12-month span (no flex)	Members aged 12 months require seven visits in a 12-month span (flexes based on membership)
Members aged 30 months require two visits in a 12-month span (no flex)	Members aged 2 years require 2.5 visits in a 12-month span (flexes based on membership)
Members aged 3+ require 1 visit in 12-month span	

## Numerator Compliance Coding

HEDIS W30/WCV	Both	EPSDT CMS-416
<b>CPT®:</b> 99385 <b>HCPCS:</b> G0438, G0439, S0302, S0610, S0612, S0613 <b>DX:</b> Z00.2, Z00.3, Z01.411, Z01.419, Z76.1 60+ SNOMED codes Hospice exclusions	<b>CPT®:</b> 99381 – 99385, 99391 – 99395, 99461 <b>DX:</b> Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z02.5, Z76.2	<b>CPT®:</b> 99460, 99463, 99202-99205, 99213-99215 <b>DX:</b> Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.6, Z02.81, Z02.82, Z02.83, Z02.89, Z00.8, Z00.6, Z00.5, Z00.70, Z00.71

\*EPSDT requires all codes in [blue](#) (CPT® and Dx) to be paired for billing.

## HEDIS Rate vs. CMS-416 Screening Calculations

### HEDIS W30/WCV

- › Denominator = Distinct member count
- › Numerator = Distinct count of members with well-child visits
- › Rate = Percentage of **Members**

### EPSDT CMS-416

- › Denominator = Volume of expected screening visits
- › Numerator = Volume of actual/observed screening visits
- › Rate = Percentage of **Screenings**

# Provider Best Practices for EPSDT Visits



Thousands of children from low-income homes aren't getting the care they need. Unfortunately, the percentage of kids enrolled in BlueCare Tennessee who get their annual EPSDT checkups is lower than it should be. So, we're asking for your help as we work to raise that rate above 80%.

Preventive care offers the greatest opportunity to maximize your reimbursements. Our staff meets with providers every day promoting the TennCare Kids/EPSDT program. During these meetings, providers share some of the things they're doing to increase their EPSDT visits and make sure patients get quality, coordinated care. These strategies may work for you, too.

## **Staying on Schedule**

Your BlueCare Tennessee patients are eligible for well-care visits on the same schedule recommended by the AAP. Each interval on the schedule serves as a key health checkpoint for a child, as well as a reimbursement opportunity for you.

## **Pre-Schedule Newborn Checkups**

Scheduling a year's worth of checkups for a newborn can give parents a plan to follow for their child. For the babies, it helps keep a path of care in place even if they miss a well-care visit.

## **Schedule Siblings on the Same Day**

When possible, consider extending appointment times to allow you to see siblings at one visit or scheduling siblings in back-to-back appointment slots. This helps make it more convenient for families to get well-child care.

## **Converting a Sports Physical to a Well-Care Visit**

Stand-alone sports physicals and their corresponding codes aren't covered services. However, by converting it to a complete well-care visit, you can meet all requirements of the sports physical and receive reimbursement for a covered service.

## **Alternate and Extended Office Hours**

Many parents and others caring for children covered by BlueCare Tennessee have jobs that don't allow them to bring their kids in for visits during regular office hours. Some practices have found offering appointment times later in the evening or on weekends helps ensure more kids get preventive care.

Please bill the appropriate code for the service you performed with CPT® code 99050 and place of service 11. Place of service 11 is required when using 99050.

## **Coordinate Care with Other Providers**

Coordinated care is essential to healthy outcomes, but it can be difficult when primary care physicians don't know when patients see other providers.

As a PCP, you can help bridge this gap. When you see patients, consider asking if they've recently been to the ER or a specialist. Discuss services and medications they've received elsewhere and contact their other providers to request information about test results and treatment plans. This will help make sure you have your patients' complete health history in your files.

## Quality Care Rewards

The EPSDT section of the Quality Care Rewards (QCR) application in Availity provides valuable information, including a detailed list of your patients who are due for a well-care visit. It also allows you to find potential payment opportunities.

To see if your patients are past due for their EPSDT exams, log in to the QCR application and follow these steps:

- › Once you're inside the **Contract** view of the QCR, select the **BlueCare EPSDT** program.
- › Click the Excel® Export icon to see a detailed record of patients who are past due for their EPSDT checkup. This list is updated monthly and includes the date of the last wellness check and the number of missed EPSDT visits.

## Combining a Well-Care Visit with Other Types of Visits

Many young patients go several years between checkups. This is especially true for teens and young adults. Because an office visit for an illness, shots, prescription refills or other reason may be the only chance you have to conduct a well-care check, TennCare Kids Screening Guidelines allow reimbursement for both a "sick" and "well" visit on the same day. Here's an example:

	<b>BlueCare</b>	<b>TennCareSelect</b>
Acute Visit Code 99212	\$29.55	\$28.25
EPSDT Code 99382	\$91.61	\$85.86
Combined Codes	\$121.16	\$114.11

To learn more about combining sick and well visits, review the Tennessee Chapter of the American Academy of Pediatrics (TNAAP) recommendations on page 10.

## Electronic Medical/Health Records (EMR/EHR)

Most of the EMR systems available have tools to help manage and schedule patient visits. Some practices are using automatic reminders to help see more patients and reduce missed visits. Others are tracking when patients are overdue for checkups or health screenings and contacting them with phone calls or letters.

## Staff Dedicated to Checkups

Assigning staff specifically to handle checkups can help make the process of closing EPSDT gaps more efficient. Administrative staff members are dedicated to checking records and contacting patients who are overdue for checkups, while clinical staff can help triage sick visits that could then be combined into a well-care checkup.

## Performing "Interperiodic" Screenings When Appropriate

TennCare Kids guidelines don't limit the number of EPSDT well-child visits children get in a year. You may perform "interperiodic" checkups – exams that fall outside of the state's periodicity schedule – when medically appropriate and to help ensure children get needed preventive care.

**Here's an example:** A child visits your office with a sore throat and is due for a checkup in one month. In this situation, you can perform an EPSDT exam during the appointment even though it's only been 11 months since the last checkup. Doing so increases the likelihood that the child will stay up to date on well-child care because they don't have to visit your office for another appointment.

Other cases when "interperiodic" screening may be appropriate include instances when children begin having symptoms that weren't present during their yearly well-child exam. For these patients, a well-child exam is medically necessary to screen for an illness or condition that may require additional care.



## Supporting Children's Health and Development

EPSDT visits should include developmental and behavioral health screenings, as well as health education and anticipatory guidance for parents. These vital visit components are opportunities to discuss any areas of concern for parents and identify any mental or behavioral health needs children may have.

If you have concerns about a patient's development or have families who need help accessing food, diapers or other assistance, help is available. Consider referring families to these community resources as needed:



### **Tennessee Early Intervention System (TEIS)**

If a child has a developmental delay or disability, TEIS offers therapy, family training and service coordination for infants and young children under age 3. Learn more about TEIS on the next page.

### **Women, Infants and Children (WIC) Program**

WIC provides nutrition education, breastfeeding support and healthy food benefits to pregnant women, infants and children under age 5. Families can learn more about WIC by calling **1-800-DIAL-WIC (1-800-342-5942)**.

### **TennCare Free Diaper Benefit**

TennCare now covers up to 100 diapers per month for children under age 2. This benefit helps reduce financial stress and supports infant health. Parents and guardians can get more information by calling TennCare Connect at **1-855-259-0701**.

### **Tennessee Disability Pathfinder**

This statewide resource hub connects families to disability services, including early childhood support, therapy providers, educational help and transportation. Parents and guardians can call the Help Line at **1-800-640-4636** to connect to these services.

### **Tennessee Community Compass**

Community Compass is a centralized online tool that connects families with nearby food assistance, housing, mental health care, transportation, child care and more. For help navigating these services, families can call **1-866-202-0648**.

## Assess Your Patients' Development at Key Ages and Stages

In addition to regular hearing and vision assessment, screening recommendations related to healthy development include:

- › Developmental screening at ages 9, 18 and 30 months
- › Autism spectrum disorder screening at ages 18 and 24 months
- › Behavioral/social and emotional screening at each wellness exam, from the newborn visit to age 21

When scheduling EPSDT visits, let parents and guardians know if their child will be getting a developmental screening at their upcoming visit and discuss the importance of these services.

If a child has a developmental delay or disability, consider referring families to the Tennessee Early Intervention System (TEIS). This program offers therapy and other services to families of infants and young children. You can find **more information about TEIS** online through the Tennessee Department of Intellectual and Developmental Disabilities. To refer a patient younger than age 3, complete the **online referral form**. To refer older patients, contact their local school district. If you have questions or would like to make a referral over the phone, please call **1-800-852-7157**.





## Combining Well-Child and Sick Visits

TennCare Kids' screening guidelines allow you to receive reimbursement for EPSDT checkups performed at the same time as other visits.

Episodic, acute care and sport-required visits are all opportunities to increase preventive care, administer vaccines and give health education. There's no copay, deductible or coinsurance to collect following an EPSDT exam.

### Recommendations from TNAAP

**The TNAAP offers guidance for billing a sick and well visit on the same day. You may bill for both as long as these requirements are met:**

- › If you identify a problem on the same day as a preventive medicine service, you may report an additional evaluation and management (E/M) service.
- › The problem should be significant and require you to perform the key components of the E/M service.
- › If the problem is insignificant or doesn't require work-up beyond a normal preventive visit, please do not report another E/M code.

- › Documentation for the visit must reflect additional work.
- › If the problem-oriented portion of the visit is based on time, documentation should address the time spent and include a summary of the problems.
- › There doesn't need to be a separate note, but the documentation should clearly reflect a separate problem.

### Billing a Well-Visit Versus a Sick Visit

Billing for a combined visit offers you the greatest opportunity for reimbursement, but if you choose to bill only the sick or well visit, here's something to consider. Well-visit claims reimburse you at a higher rate than sick visits, plus we can count the well checks in our EPSDT reports to CMS.

### Interperiodic Screening

BlueCare Tennessee doesn't limit well-child visits to one per year/365 days. We allow and provide coverage for interperiodic screenings, according to these guidelines from the *CMS EPSDT - A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents*. To download and review the guide, visit [medicaid.gov/medicaid/benefits/downloads/epsdt-coverage-guide.pdf](https://www.medicaid.gov/medicaid/benefits/downloads/epsdt-coverage-guide.pdf).

**Claims with Modifier 25 are subject to routine audits. Please ensure your medical records include all appropriate documentation.**

# Tennessee Chapter

INCORPORATED IN TENNESSEE

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

## EPSDT Coding Guide

**EPSDT** is a program of check-ups and treatment and/or referrals for needed services for all TennCare-eligible children birth through age 20. These services make sure infants, children, teens and young adults receive the health care they need. In Tennessee, the EPSDT program is called TennCare Kids.

Components of EPSDT/TennCare Kids exams include:

- › Comprehensive Health and Developmental History
- › Comprehensive Unclothed Physical Exam
- › Vision Screening
- › Hearing Screening
- › Laboratory Tests/Procedures
- › Immunizations
- › Health Education/Anticipatory Guidance

### Recommended Ages for Preventive Visits

Prenatal	12 Month	6 Year	14 Year
Newborn	15 Month	7 Year	15 Year
3-5 Day	18 Month	8 Year	16 Year
1 Month	24 Month	9 Year	17 Year
2 Month	30 Month	10 Year	18 Year
4 Month	3 Year	11 Year	19 Year
6 Month	4 Year	12 Year	20 Year
9 Month	5 Year	13 Year	

### Preventive Medicine/EPSDT

New Patient CPT Code	Established Patient CPT Code	Age	ICD-10-CM Codes
99381	99391	Infant < 1 year	Z00.110 - Health exam under 8 days Z00.111 - Health exam 8-28 days Z00.121 - Routine exam with abnormal findings Z00.129 - Routine exam without abnormal findings
99382	99392	Early Childhood 1-4 Years	Z00.121 Z00.129
99383	99393	Late Childhood 5-11	Z00.121 Z00.129
99384	99394	Adolescent 12-17	Z00.121 Z00.129
99385	99395	Adult 18-39	Z00.00 - General adult exam without abnormal findings Z00.01 - General adult exam with abnormal findings
<b>Newborn Codes</b>		99460 - initial E/M normal newborn in the hospital or birthing center 99461 - initial E/M normal newborn in other than a hospital or birthing center 99463 - initial E/M normal newborn admitted and discharged on the same day *Report ICD-10 Code Z00.110	

If a child presents for a problem-oriented visit and is behind/due for their well child exam, it is appropriate to perform and report a well child exam, **99381-99395**, in addition to the acute visit **99201-99215**, if all E/M requirements are met. Modifier **25** should be appended to the problem-oriented visit, **99201-99215**, when reported in conjunction with the preventive visit, **99381-99385**, on the same day.

**Additional EPSDT Resources can be found at [www.tnaap.org](http://www.tnaap.org):**

- › EPSDT Webinar
- › AAP Recommendations for Preventive Pediatric Health Care (periodicity schedule)
- › TNAAP EPSDT Chart Documentation Forms
- › AAP Vaccine Coding Table

## Immunization Administration

CPT Code	Description
90460	Immunization administration through 18, via any route, with counseling, first or only component of each vaccine
+90461	Each additional vaccine or component, with counseling
90460 and 90461 are reported when the patient is 18 years or younger and the physician or other qualified health care professional performs face-to-face vaccine counseling	
90471	Immunization administration ID, IM, subQ, one vaccine (single or combination vaccine)
+90472	Each additional vaccine, ID, IM or subQ (single or combination vaccine)
90473	Immunization administration, oral, one vaccine (single or combination vaccine)
+90474	Each additional vaccine, oral (single or combination vaccine)
90471-90474 are reported when the patient is over the age of 18 or when counseling is not performed.	

### Example for reporting MMR (with counseling):

CPT Code	ICD-10 Code
90707	Z23
90460	Z23
90461 x 2	Z23

### Example for reporting MMR (without counseling):

CPT Code	ICD-10 Code
90707	Z23
90471	Z23

Modifier **25** should be appended to E/M visit codes reported in conjunction with immunization administration codes.

Key EPSDT Procedure Codes	
CPT Code	Description
92551	Hearing - Screening test, pure tone, air only
92552	Hearing - Pure tone audiometry, threshold, air only
92558	Hearing - Evoked otoacoustic emissions; screening
99173	Vision - Quantitative bilateral visual acuity exam
99174	Vision - Instrument-based ocular screening, remote analysis
99177	Vision - Instrument-based ocular screening, on-site analysis
96110	Developmental Screening
96127	Brief Emotional/Behavioral Assessment
96160	Health Risk Assessment - Patient focused
96161	Health Risk Assessment - Caregiver focused

Common Pediatric Modifiers	
-25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service
-22	Increased Procedural Service
-59	Distinct Procedural Service
-76	Repeat Procedure by the Same Physician
-90	Reference Outside Laboratory

## Reporting Screening Tools During Visits

It is appropriate to bill for more than one screening tool administered during a visit. Append Modifier 25 to E/M visit.

### Example for reporting PEDS and MCHAT-RF

CPT Code	
96110	OR 96110 x 2
96110-59	

### Example for reporting ADHD and PSC-17

CPT Code	
96127	OR 96127 x 2
96127-59	

When reporting the health risk assessment codes, 96160 and 96161, with developmental screening and/or emotional/behavioral screening, Modifier 59 should be appended to the health risk assessment code.

### Example: Well Child Check 11 year old + PSC-17 + CRAFFT

CPT Code	ICD-10 Code
99393-25	Z00.129
96127	Z00.129
96160-59	Z00.129

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### **Helpful Information from the AAP**

The periodicity schedule and coding information on the following pages are provided on behalf of the AAP and are available at [brightfutures.aap.org](https://www.brightfutures.aap.org).

### **Bright Futures/AAP Periodicity Schedule (Updated Feb. 2025)**

The “Recommendations for Preventive Pediatric Health Care” (also referred to as the Bright Futures/AAP Periodicity Schedule), presents, in chart form, the screenings, assessments, physical examinations, procedures, and timing of anticipatory guidance recommended for each age-related visit in the Bright Futures Guidelines. Explanatory notes and a key to the chart provide important details and references that support the recommendations.



Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving nurturing parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require more frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest concerns.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (2017).

The recommendations in this statement do not indicate a standard of medical care. Variations, taking into account individual circumstances, are appropriate. The Bright Futures/American Academy of Pediatrics Recommendations are updated annually.

AGE <sup>1</sup>	INFANCY								EARLY CHILDHOOD				
	Prenatal <sup>2</sup>	Newborn <sup>3</sup>	3-5 d <sup>4</sup>	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo
<b>HISTORY</b>													
Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>MEASUREMENTS</b>													
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●	●
Weight for Length		●	●	●	●	●	●	●	●	●	●	●	●
Body Mass Index <sup>5</sup>												●	●
Blood Pressure <sup>6</sup>		★	★	★	★	★	★	★	★	★	★	★	★
<b>SENSORY SCREENING</b>													
Vision <sup>7</sup>		★	★	★	★	★	★	★	★	★	★	★	★
Hearing		● <sup>8</sup>	● <sup>9</sup>	→	→	→	→	→	→	→	→	→	→
<b>DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH</b>													
Maternal Depression Screening <sup>11</sup>				●	●	●	●						
Developmental Screening <sup>12</sup>								●			●		●
Autism Spectrum Disorder Screening <sup>13</sup>											●	●	
Developmental Surveillance		●	●	●	●	●	●	●	●	●	●	●	●
Behavioral/Social/Emotional Screening <sup>14</sup>		●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment <sup>15</sup>													
Depression and Suicide Risk Screening <sup>16</sup>													
<b>PHYSICAL EXAMINATION<sup>17</sup></b>		●	●	●	●	●	●	●	●	●	●	●	●
<b>PROCEDURES<sup>18</sup></b>													
Newborn Blood		● <sup>19</sup>	● <sup>20</sup>	→	→	→	→	→	→	→	→	→	→
Newborn Bilirubin <sup>21</sup>		●											
Critical Congenital Heart Defect <sup>22</sup>		●											
Immunization <sup>23</sup>		●	●	●	●	●	●	●	●	●	●	●	●
Anemia <sup>24</sup>						★			●	★	★	★	★
Lead <sup>25</sup>							★	★	● or ★ <sup>26</sup>	★	★	● or ★ <sup>26</sup>	★
Tuberculosis <sup>27</sup>				★			★	★	★			★	
Dyslipidemia <sup>28</sup>												★	
Sexually Transmitted Infections <sup>29</sup>													
HIV <sup>30</sup>													
Hepatitis B Virus Infection <sup>31</sup>		★											
Hepatitis C Virus Infection <sup>32</sup>													
Sudden Cardiac Arrest/Death <sup>33</sup>													
Cervical Dysplasia <sup>34</sup>													
<b>ORAL HEALTH<sup>35</sup></b>							● <sup>36</sup>	● <sup>36</sup>	★		★	★	★
Fluoride Varnish <sup>37</sup>							←	←	←	←	←	←	←
Fluoride Supplementation <sup>38</sup>							★	★	★		★	★	★
<b>ANTICIPATORY GUIDANCE</b>	●	●	●	●	●	●	●	●	●	●	●	●	●

- If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
- A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Prenatal Visit" (<https://doi.org/10.1542/peds.2018-1218>).
- Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
- Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Policy Statement: Breastfeeding and the Use of Human Milk" (<https://doi.org/10.1542/peds.2022-057988>). Newborns discharged less than 48 hours after delivery must be examined within

- 48 hours of discharge, per "Hospital Stay for Healthy Term Newborns" (<https://doi.org/10.1542/peds.2022-060640>).
- Screen, per "Clinical Practice Guideline for the Evaluation and Management of Lead Exposure in Children and Adolescents" (<https://doi.org/10.1542/peds.2017-1904>). Blood lead level (BLL) specific risk conditions should be performed at visits before age 5 years.
- A visual acuity screen is recommended at ages 4 and 5 years, and may be used to assess risk at ages 12 and 24 months, in addition to the Comprehensive Health Assessment in Infants, Children, and Young Adults by Pediatricians (<https://doi.org/10.1542/peds.2017-1904>).
- Confirm initial screen was completed, verify results, and follow up per "Year 2007 Position Statement: Principles and Guidelines for the Evaluation of the Visual System by Pediatricians" (<https://doi.org/10.1542/peds.2007-2333>).

KEY: ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ← ★ or ● → = range during which a service may be performed



(continued)


14. Screen for behavioral and social-emotional problems per “Promoting Optimal Development: Screening for Behavioral and Emotional Problems” (<https://doi.org/10.1542/peds.2014-3716>), “Mental Health Competencies for Pediatric Practice” (<https://doi.org/10.1542/peds.2019-2757>), “Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders” (<https://pubmed.ncbi.nlm.nih.gov/32439401>), “Screening for Anxiety in Adolescent and Adult Women: A Recommendation From the Women’s Preventive Services Initiative” (<https://pubmed.ncbi.nlm.nih.gov/32510990>), and “Anxiety in Children and Adolescents: Screening” (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-anxiety-children-adolescents>). The screening should be family centered and may include asking about caregiver emotional and mental health concerns and social determinants of health, racism, poverty, and relational health. See “Poverty and Child Health in the United States” (<https://doi.org/10.1542/peds.2016-0339>), “The Impact of Racism on Child and Adolescent Health” (<https://doi.org/10.1542/peds.2019-1765>), and “Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health” (<https://doi.org/10.1542/peds.2021-052582>).
15. A recommended tool to assess use of alcohol, tobacco and nicotine, marijuana, and other substances, including opioids is available at <http://craftt.org>. If there is a concern for substance or opioid use, providers should consider recommending or prescribing Naloxone (see <https://www.cdc.gov/ore/search/pages/2018-evidence-based-strategies.html> and <https://nida.nih.gov/publications/drugfacts/naloxone>).
16. Screen adolescents for depression and suicide risk, making every effort to preserve confidentiality of the adolescent. See “Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part I. Practice Preparation, Identification, Assessment, and Initial Management” (<https://doi.org/10.1542/peds.2017-4081>), “Mental Health Competencies for Pediatric Practice” (<https://doi.org/10.1542/peds.2019-2757>), “Suicide and Suicide Attempts in Adolescents” (<https://doi.org/10.1542/peds.2016-1420>), and “The 21st Century Cures Act & Adolescent Confidentiality” ([https://adolescenthealth.org/press\\_release/naspag-sahm-statement-the-21st-century-cures-act-adolescent-confidentiality/](https://adolescenthealth.org/press_release/naspag-sahm-statement-the-21st-century-cures-act-adolescent-confidentiality/)).
17. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See “Use of Chaperones During the Physical Examination of the Pediatric Patient” (<https://doi.org/10.1542/peds.2011-0322>).
18. These may be modified, depending on entry point into schedule and individual need.
19. Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Screening Panel (<https://www.hrsa.gov/advisory-committees/heritable-disorders/rusp/index.html>), as determined by The Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<https://www.babysfirsttest.org/>) establish the criteria for and coverage of newborn screening procedures and programs.
20. Verify results as soon as possible, and follow up, as appropriate.
21. Confirm initial screening was accomplished, verify results, and follow up, as appropriate. See “Clinical Practice Guideline Revision: Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation” (<https://doi.org/10.1542/peds.2022-058859>).
22. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per “Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease” (<https://doi.org/10.1542/peds.2011-3211>).
23. Schedules, per the AAP Committee on Infectious Diseases, are available at <https://publications.aap.org/redbook/pages/immunization-schedules>. Every visit should be an opportunity to update and complete a child’s immunizations.
24. Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (Iron chapter).
25. For children at risk of lead exposure, see “Prevention of Childhood Lead Toxicity” (<https://doi.org/10.1542/peds.2016-1493>) and “Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention” (<https://stacks.cdc.gov/view/cdc/11859>).
26. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
27. Tuberculosis testing per recommendations of the AAP Committee on Infectious Diseases, published in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high-risk factors.
28. See “Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents” ([http://www.nhlbi.nih.gov/guidelines/cvd\\_ped/index.htm](http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm)).
29. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*.
30. Screen adolescents for HIV at least once between the ages of 15 and 21, making every effort to preserve confidentiality of the adolescent, as per “Human Immunodeficiency Virus (HIV) Infection: Screening” (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening>); after initial screening, youth at increased risk of HIV infection should be retested annually or more frequently, as per “Adolescents and Young Adults: The Pediatrician’s Role in HIV Testing and Pre- and Postexposure HIV Prophylaxis” (<https://doi.org/10.1542/peds.2021-055207>).
31. Perform a risk assessment for hepatitis B virus (HBV) infection according to recommendations per the USPSTF (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-b-virus-infection-screening>) and in the 2021–2024 edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*, making every effort to preserve confidentiality of the patient.
32. All individuals should be screened for hepatitis C virus (HCV) infection according to the USPSTF (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening>) and Centers for Disease Control and Prevention (CDC) recommendations (<https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm>) at least once between the ages of 18 and 79. Those at increased risk of HCV infection, including those who are persons with past or current injection drug use, should be tested for HCV infection and reassessed annually.
33. Perform a risk assessment, as appropriate, per “Sudden Death in the Young: Information for the Primary Care Provider” (<https://doi.org/10.1542/peds.2021-052044>).
34. See USPSTF recommendations (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>). Indications for pelvic examinations prior to age 21 are noted in “Gynecologic Examination for Adolescents in the Pediatric Office Setting” (<https://doi.org/10.1542/peds.2010-1564>).
35. Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment (<https://www.aap.org/en/patient-care/oral-health/oral-health-practice-tools/>) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See “Maintaining and Improving the Oral Health of Young Children” (<https://doi.org/10.1542/peds.2022-060417>).
36. Perform a risk assessment (<https://www.aap.org/en/patient-care/oral-health/oral-health-practice-tools/>). See “Maintaining and Improving the Oral Health of Young Children” (<https://doi.org/10.1542/peds.2022-060417>).
37. The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-caries-in-children-younger-than-age-5-years-screening-and-interventions1>). Once teeth are present, apply fluoride varnish to all children every 3 to 6 months in the primary care or dental office based on caries risk. Indications for fluoride use are noted in “Fluoride Use in Caries Prevention in the Primary Care Setting” (<https://doi.org/10.1542/peds.2020-034637>).
38. If primary water source is deficient in fluoride, consider oral fluoride supplementation. See “Fluoride Use in Caries Prevention in the Primary Care Setting” (<https://doi.org/10.1542/peds.2020-034637>).

**Summary of Changes Made to the Bright Futures/AAP Recommendations  
for Preventive Pediatric Health Care (Periodicity Schedule)**

This schedule reflects recommendations approved in December 2024 and published in February 2025. For updates and a list of previous changes made, visit [www.aap.org/periodicityschedule](http://www.aap.org/periodicityschedule).

**RECOMMENDATIONS APPROVED IN DECEMBER 2024**

No changes have been made to clinical guidance or footnotes in the recommendations published in 2025.



## An Inside Look at How We Process Your Claims

### From Care to Codes to Claims

The care of our members rests in the hands of providers like you who participate in our networks. Enrolling in our networks begins with the completion of an application on our website. Our provider enrollment team then handles the contracting and credentialing steps to add you to our provider network. We strive to pay you promptly and accurately for the care you provide. You already know the first steps in the reimbursement process begin in your office as each element of patient care has a code which becomes part of a claim. What happens after you submit a claim to us is a complex but smooth system.

### Process Efficiency

Once the claim reaches us, our goal is to process claims with speed and accuracy. More than 87% of claims process and are ready for provider reimbursement on their first pass, never requiring a human to handle the claim. That efficiency allows us to process an average of 144,000 claims and pay out more than \$38 million every single day of the year.

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More than 87% of BlueCross  
claims process on their first pass.

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On average, we process about  
144,000 claims and pay out  
more than \$38 million every  
single day of the year.

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### Quick Fix

Sometimes claims hit a snag. In most situations, correcting a misspelled name or an invalid CPT® code is all that's needed to move it along. Occasionally we have to dig a little deeper to process a claim, like requesting medical records from a provider or hospital. Our dedicated team of claims associates works hard to resolve these situations fast.

## Preventing Denied Claims

It can be frustrating for everyone when a claim is denied. Understanding why claims are denied may help you avoid them. Here are the three most common reasons:

- › **Non-covered service.** Our plans provide members with benefits for thousands of services. We're dedicated to processing claims accurately, which means reimbursing you promptly for covered services, as well as ensuring we pay only for care covered by the member's plan.
- › **No prior authorization.** Non-emergency services that require prior authorization, but are delivered before we've had a chance to review and approve the services in writing are at risk for denial.
- › **Transcription errors.** While these errors usually only result in a delay, misspelled names, wrong birth dates, invalid codes and missing subscriber numbers sometimes lead to a denied claim.

## Options Following a Denied Claim

A denial isn't always the end of the story. Claims denied due to coding errors, missing data or other administrative errors can be resubmitted for processing. If it's something more complicated, you can file an appeal on behalf of your patient. If you disagree with a medical review, but you have questions or would like more information, you can speak with a physician about your patient, patient's condition and care options.

## Always Looking to Improve

We always look for ways to do our job better, smarter and faster. And when we make mistakes, we aim to fix them as quickly as we can. We analyze our systems and data regularly so we can address recurring issues, update our processes and identify trends in claims submissions that could help our members and providers.

## Additional Claims Information

More details about claims and billing are available in the Provider Administration Manual at [bluecare.bcbst.com/providers](https://bluecare.bcbst.com/providers).

## Claims Management with Availity

You can access, review and manage your claims through Availity, our secure provider portal.



## Provider Engagement: Promoting Your Patients' Health

You're important to us. Our members trust you, and we know you're dedicated to helping them improve their health.

That's why we have a dedicated team ready to help you engage and encourage your patients to get the preventive care and screenings they need. Our goal is to work together with you to share knowledge, analyze data and provide resources that will help maximize the care you deliver to your patients.



### Contact Us About Outreach Opportunities

If you're ready to partner with us or want more information, please call us at **1-800-771-0217**.

### Meeting Patients Where They Are

Our Community Care Partners work closely with local agencies and resources to coordinate community-based events. Together, we bring health care and needed screenings to communities throughout Tennessee. We help identify patients to invite, find the best event location, coordinate times and more. We can also provide flyers and other handouts to help members learn more about their health benefits, specific health conditions, and the benefits of regular checkups.

### Inviting Your Patients to the Office

On the following page, we've included some call script, text message and social media examples you can use when contacting patients to schedule appointments, remind patients of upcoming visits, and promote a community screening event or extended office hours. On page 24, you'll also find an example flyer. To download the flyer template, log on to [bluecare.bcbst.com/providers](https://bluecare.bcbst.com/providers), click **See More** in the **Well-Child — EPSDT and Vaccines for Children** box on the home page, and select **Free Child Checkup Flyer** from the **Community Outreach Examples** drop-down.

## Example Call Script

### Regular initial outreach:

Hi, this is <NAME> with <PRACTICE NAME>.  
Are you <CHILD'S NAME> parent or guardian?

I'm calling because our records show that <CHILD'S NAME> needs a checkup. I can make an appointment for your child to see their doctor.

May I schedule your child's visit?

### Reminder call for families who've already scheduled:

Hi, this is <NAME> with <PRACTICE NAME>.  
Are you <CHILD'S NAME> parent or guardian?

I'm calling to remind you that your child has an appointment with Dr. <DOCTOR'S LAST NAME> at <TIME> on <DATE>. We look forward to seeing you then.

## Example Text Message Alert

### Initial outreach:

Please visit us to get your free well-child checkup at <PRACTICE NAME>. To learn more and schedule your child's exam, call (XXX) XXX-XXXX.

### Patient-specific messaging:

Our records show your child is overdue for a checkup. Call (XXX) XXX-XXXX to learn more and schedule your child's free well-child checkup today.

### Reminder for families who've already scheduled:

This is a friendly reminder that your child has a visit with Dr. <DOCTOR'S LAST NAME> at <TIME> on <DATE>. We look forward to seeing you then.

## Example Outreach Visit Social Media

### After hours:

Regular checkups protect your child's health. We know it's not always easy to visit us during office hours. So we have extended hours on <DAYS and TIMES>.

Please call (XXX) XXX-XXXX to schedule your child's appointment.

### Initial outreach:

Regular checkups protect your child's health. Please call (XXX) XXX-XXXX to make an appointment with your child's doctor.

If you need a ride to your child's appointment, your health insurance company may be able to help. Simply call the customer service number on the back of your Member ID card.

### Screening event:

Join us on <DATE> for a free well-child checkup event! You can make an appointment to see your child's doctor. We're also planning activities and giveaways, including XXX.

Appointments are limited. To reserve your child's spot, call (XXX) XXX-XXXX.



# Schedule Your Child's Free Well-Child Checkup Today

Regular well-child checkups protect your child's health. To schedule your child's free checkup, please call (XXX) XXX-XXXX.

Need a ride to your appointment? Your health insurance company may be able to help. Simply call the customer service number on the back of your Member ID card.

**<Name of practice or event place>**

<Address>

<City, State Zip>

<Day, Month 00, Year>

<Hours of operation or event>

**Additional Information:**

Sponsored By:



# Transportation for Your BlueCare Tennessee Patients

If you have patients who can't get to covered medical services or pick up prescriptions because they don't have transportation, let them know we can help. Our transportation vendor, Verida, can get them to and from their covered medical visits or the pharmacy at no charge.

### Scheduling Transportation

Verida offers three levels of service: curb-to-curb, door-to-door and hand-to-hand transportation. Please ask your patients to let Verida know if they need assistance,

such as help getting in and out of the car or help getting into the office, when they schedule their transportation. They should also let Verida know if they use a walker, a manual or power wheelchair that requires a lift, or if they need to bring an escort or plan to bring a child.

Your BlueCare and TennCare*Select* patients can use Verida's member portal to arrange transportation or call the Verida toll-free customer service number for their plan, regardless of the distance they need to travel. The Verida Call Center is open 24 hours a day, 365 days a year.



**BlueCare Verida:**  
**1-855-735-4660**



**TennCare*Select* Verida:**  
**1-866-473-7565**



**Verida Member Portal:**  
**[member.verida.com](http://member.verida.com)**

## Transportation Options

Rides must be scheduled at least two business days before the patient's health care visit. Some special trips don't require scheduling two business days ahead, including:

- › Urgent Rides
  - Non-emergency health care services that must happen on the day of the request
  - Dialysis appointments
  - Same-day appointments with outpatient behavioral health providers
  - Discharge from a hospital or crisis stabilization unit
- › Non-Emergency Ambulance Rides
  - For these rides, providers must sign a Letter of Medical Necessity form.

Verida offers three transportation options:

- 1. Shared ride** – Vehicles pick patients up at an agreed-upon location. Most trips are shared rides, so patients may have to wait for pickup after their office visit.

BlueCare Tennessee members can bring their children (when childcare isn't available) or one family member or friend with them to their appointment. They must make these arrangements when the trip is scheduled.

- 2. Bus passes** – Bus passes are available in some cities where bus systems operate, including:

Bristol	Jackson	Murfreesboro
Chattanooga	Johnson City	Nashville
Clarksville	Knoxville	
Franklin	Memphis	

Verida can let your patients know if this is an option where they live. If your patient is unable to ride public transportation because of a physical or behavioral health problem, you can sign a restriction form.

- 3. Mileage reimbursement** – Patients who have access to a vehicle may drive themselves to receive covered medical services or ask a friend or family member to drive them. Verida will reimburse mileage as long as your patient returns a mileage reimbursement form signed by you that verifies they attended the appointment.

## Transportation Benefits for Kids in State Custody

Family service workers from the Department of Children's Services arrange transportation to covered services for most children and teens enrolled in *TennCareSelect*.

Exceptions include members:

- › On a home trial visit
- › Who attend intensive outpatient visits three to five times a week
- › Who need specialized help because of a physical or mental disability

In these cases, we can help families schedule transportation.

## Scheduling Transportation for Your Patients

Your office can schedule trips for patients who are BlueCare Tennessee members using the Verida facility/provider portal. To get started using the portal, please call Verida at the toll-free customer service number for your patients' plan.

## Cancellations and No-Shows

Patients who cancel or don't show up for rides three times in 30 days will be placed on probationary status and may have to take additional steps to schedule and confirm future transportation.

## "Where's My Ride"

If your patient has problems with a ride or their ride doesn't show up, they should call the Verida Customer Service number for their plan and choose prompt 3 "Where's My Ride." This will connect them to a Verida representative who can provide an estimated time of arrival or set up another ride, if necessary.

## Addressing Complaints

We're happy to help resolve transportation-related complaints. To file a complaint, please ask your patient to call Customer Service at **1-800-468-9698** for BlueCare or **1-800-263-5479** for *TennCareSelect*.

## Trip Audits

Verida conducts regular pre- and post-trip audits to make sure that our members use transportation for covered services only and trips go as planned. As part of these audits, Verida representatives may call your office. This is a normal part of their process, and you may release requested information.


For more information about your patients' transportation benefit, please visit [bluecare.bcbst.com](https://bluecare.bcbst.com) and select **Get a Ride** or go to [member.verida.com](https://member.verida.com).



## Dental Coverage for Children, Teens and Young Adults

Routine dental care is an essential part of good health. Because it's covered for your BlueCare or TennCare*Select* patients, you can encourage them to see their dentist for regular cleanings and checkups.

DentaQuest manages dental claims and services for our members. Your patients and their families can call DentaQuest at **1-855-418-1622** to learn more about these dental benefits and find a dentist in their network. Information is also available online at [dentaquest.com](https://www.dentaquest.com).



## Childhood and Adolescent Vaccines

### The Vaccines for Children Program

Vaccines for Children (VFC) is a federally funded program operated by the State of Tennessee's Department of Health. All children covered by BlueCare Tennessee are eligible for VFC vaccines until they turn 19.

Vaccine serums are available free of charge to providers who care for BlueCare and TennCare*Select* members through the VFC program. We cover the vaccine administration fee for these vaccines.

For more information about our vaccine billing and reimbursement policies, please see the BlueCare Tennessee Provider Administration Manual. If you're interested in enrolling in the VFC program for the first time or would like to request a Starter Kit, please contact the VFC Enrollment team directly at [VFC.Enrollment@tn.gov](mailto:VFC.Enrollment@tn.gov).

### Tennessee Immunization Information System (TennIIS)

You can see if your patients are up to date on needed vaccinations by logging in to TennIIS, a statewide immunization information system. The Tennessee Department of Health manages this tool, which gives providers, pharmacists, schools and childcare administrators access to children's vaccination records.

Using TennIIS, you can retrieve and update your patients' immunization record reports and view reminder/recall reports, coverage rate reports and immunization forecasting reports. To learn more about TennIIS or register for an account, please visit [www.tennesseeiis.gov/tnsiis](https://www.tennesseeiis.gov/tnsiis).

## Mature Minor Doctrine Clarification Act Informed Consent Requirements

In 2023, the Tennessee legislature passed the Mature Minor Doctrine Clarification Act. It requires providers to get informed consent from a parent or legal guardian before administering vaccines to minors under age 18.

The law applies to all vaccines, including the COVID-19 immunization. Additionally, such consent should be in written form for the administration of the COVID-19 vaccine. Proof of consent for each vaccine should then be included in each patient's medical record.

During appointments, consider talking with parents about the vaccines their child may need during the visit and the benefits of vaccination. Then, get the appropriate consent for each vaccine before administering the shots.

## Special Consideration for Children in State Custody

The law includes specific guidance for providers caring for children in state custody. If you're a provider in our Best Practice Network, please work closely with the Department of Children's Services to ensure the appropriate consent or court order is in place before giving a vaccine.

For more information, please review the law [here](#).





## Additional Resources

### Questions about Contracting

If you have questions, please contact your Provider Network Manager. You can find your Provider Network Manager at [provider.bcbst.com/contact-us](https://provider.bcbst.com/contact-us).

You may also contact Provider Network Services at **1-800-924-7141** and choose option 2 or **Network Contracts or Credentialing** when prompted. The staff will be able to help you with your contracting needs.

### Assistance Using Availity

If you have questions about using the OCR application, please call our eBusiness Service Center at **(423) 535-5717, option 2**. We're here Monday through Thursday from 8 a.m. to 6 p.m. ET and Friday from 9 a.m. to 6 p.m.

You can also call Availity Portal Support at **1-800-282-4548** or open a support ticket through our Provider Engagement Portal Account. To open a ticket, select **Open My Account** and then, **Open a Ticket**.

### Questions about Claims Processing

**BlueCare  
Provider Service:  
1-800-468-9736**

**TennCareSelect  
Provider Service:  
1-800-276-1978**

### Free EPSDT Coding Training Resources

The TNAAP offers free EPSDT Coding Training Program resources and reference materials that can help your practice with the quality of the preventive health screenings, maximize reimbursement, reduce administrative costs and improve audit outcomes. These programs are available on site for your office staff with customized, topic-specific sessions. TNAAP also offers annual EPSDT and Coding Update Trainings on their website. To learn more about these training opportunities, visit [tnaap.org/coding](https://tnaap.org/coding).

We also offer training for our providers, including two annual virtual workshops on EPSDT best practices and coding. Please make sure your practice's contact preference is listed in Availity so you stay up to date on training opportunities. If you miss the training, you can review slides from the session on our **TennCare Kids Tool Kit** page.

### Helpful Information About Well-Child Care

- BlueCare Tennessee Provider Administration Manual: [bluecare.bcbst.com/providers/news-manuals](https://bluecare.bcbst.com/providers/news-manuals)
- Tennessee Chapter of the American Academy of Pediatrics: [tnaap.org](https://tnaap.org)
- The Division of TennCare: [tn.gov/tenncare/tenncare-kids.html](https://tn.gov/tenncare/tenncare-kids.html)
- The Advisory Committee on Immunization Practices: [cdc.gov/vaccines/acip](https://cdc.gov/vaccines/acip)
- The American Academy of Family Physicians: [aafp.org](https://aafp.org)

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