This issue:

BCBST

CIGNA + OSCAR HEALTH PLANS

TENNCARE PHARMACY PROGRAM

TENNCARE NEW COVERAGE PATHWAY

CIGNA + OSCAR HEALTH PLANS

Cigna and Oscar Health are committed to providing quality, cost-efficient health solutions for small employer groups. These solutions bring together the power of Cigna's national and local provider networks Cigna LocalPlus and Open Access Plus - and Oscar Health's innovative digital customer experience.

About Cigna + Oscar Health plans

These plans go by two names. In most states where the plans are offered, the name is Cigna + Oscar.

In Arizona only, the name is Cigna Administered by Oscar. The Plans are the same (only the names are different), and both offer two plan types: Cigna LocalPlus and Open Access Plus.

Cigna + Oscar customers who live outside of a Cigna + Oscar service area may access care from a provider that participates in the Cigna LocalPlus network or Open Access Plus network. These services are considered in-network.

Network-participating providers

You are considered a participating provider for Cigna + Oscar plans if you are a participating provider for the Cigna LocalPlus plan or Open Access Plus plan. This means your care is in network for your patients with Cigna + Oscar plans, and all terms of your current Cigna provider agreement apply.

To check your network participation, visit Oscar"s online directory at CignaOscar.com/search or call Oscar Customer Service at 855.672.2789.

More information

To check your patients' eligibility and benefits, submit prior authorization requests, and view claims status, log in to the Oscar provider portal at **hloscar.com/providers**. You can find additional information in the **Cigna + Oscar Supplemental Quick Reference Guide** and in the **Cigna Administered by Oscar Supplemental Quick Reference Guide.**** You can also call Oscar Health Customer Service at **855.672.2789**.

BlueCross BlueShield

Provider Satisfaction and Wait Time Surveys Coming Soon

Providers participating in the Commercial and Marketplace Blue Networks P, S, L and E will receive our 2023 Provider Satisfaction and Wait Time surveys between June and September. We encourage you to take time to share your feedback when you receive the surverys.

Update Your Patient's Assigned Primary Care Provider in Availity

As part of our ongoing effort to support the myBluePCProgram and encourage strong provider-patient relationships, you can now change patients' assigned primary care providers (PCPs) in Availity. The **BlueCare PCP Maintenance** application is intended to replace the current PCP change form process outlined in the BlueCare Tennessee Provider Administration Manual.

Using the BlueCare PCP Maintenance application means that PCP changes will be completed in real time. New member ID cards will be mailed to members as soon as the change is made, and digital ID cards will be available immediately in each member's **BCBSTN** mobile app. We expect this update to make our processes significantly more efficient and improve the turnaround time of PCP changes.

For step-by-step instructions for using the application, please review our **BlueCare Tennessee and CoverKids PCP Change Maintenance Application Quick Reference Guide** located in the **Resources** section of **Availity Payer Spaces**. If you have other questions or would like training on using Availity, please contact your **eBusiness Regional Marketing Consultant**.

2023 Special Needs Plan Mode of Care (MOC) Training Now Available

Providers participating in BlueCare Plus special needs plans are contractually required to complete our MOC training after initial contracting, then every year after. This training promotes quality of care and cost effectiveness through coordinated care for members with complex, chronic or catastrophic health care needs. You can access the online self-study training and attestation by **clicking here**.

TennCare: Appropriate Diagnosis for Prior Authorization (PA) Bypass

August 1, 2020

In an effort to assist prescribers and providers, prior authorization (PA) requirements can be bypassed for certain medications when specific medical conditions exist. Those specific medications and diagnoses are noted below. Prescribers are encouraged to include the applicable diagnosis code on written prescriptions for inclusion on the electronic pharmacy claim. The submitted claim should include a Diagnosis Code Qualifier (Field # 492-WE) of "02," indicating ICD-10, as well as the appropriate Diagnosis Code (Field # 424-DO).

Note: A list of the preferred agents and the clinical criteria can be found at: https://optumrx.com/tenncare.

The following ICD-10 codes should allow for authorization for preferred atypical antipsychotics (excluding orally disintegrating tablets [ODT] products) for the following disorders:

Schizophrenic Disorders

Diagnosis/Description	Residual	Paranoid	Disorganized	Catatonic	Unspecified	Other
Schizophrenia	F20.5	F20.0	F20.1	F20.2	F20.9	*Undifferentiated* – F20.3 *Other* – F20.89
Schizophreniform Disorder					F20.81	
Schizoaffective Disorder					F25.9	*Bipolar Type* – F25.0 *Depressive Type* – F25.1 *Other* – F25.8

Episodic Mood Disorders

Diagnosis/Description	Unspecified	Mild	Moderate	Severe Without Mention of Psychotic Behavior	Severe Specified as With Psychotic Behavior	In Partial or Unspecified Remission	In Full Remission
Bipolar I Disorders							
Most Recent/Current Episode Hypomanic	F31.0					F31.71	F31.72
Most Recent/Current Episode Manic Without Psychotic Features	F31.10	F31.11	F31.12	F31.13	F31.2	F31.73	F31.74
Most Recent/Current Episode Depressed, Mild or Moderate Severity	F31.30	F31.31	F31.32	F31.4	F31.5	F31.75	F31.76
Most Recent/Current Episode Mixed	F31.60	F31.61	F31.62	F31.63	F31.64	F31.77	F31.78
Most Recent/Current Episode Unspecified	F31.9					F31.70	
Other	F31.89						
Bipolar II Disorders							
Other	F31.81						
Manic Disorders							
Manic Episode Without Psychotic Symptoms	F30.10	F30.11	F30.12	F30.13	F30.2	F30.3	F30.4
Manic Episode	F30.9	*All Other Manic Episodes* - F30.8					

Delusional and Psychotic Disorders

Diagnosis/Description	ICD-10 Code
Delusional Disorder	F22
Brief Psychotic Disorder	F23
Shared Psychotic Disorder	F24
Psychotic Disorder Not Due to Substance/Known Physiological Condition, Other	F28
Psychotic Disorder Not Due to Substance/Known Physiological Condition, Unspecified	F29

OPTUMRx®

The following ICD-10 codes should allow for the authorization for Diastat® and phenobarbital in patients diagnosed with epilepsy/seizure disorders:

Diagnosis/Description	Non-Intractable With Status Epilepticus	Non-Intractable Without Status Epilepticus	Intractable With Status Epilepticus	Intractable Without Status Epilepticus
Localization-Related (Focal) (Partial) Idiopathic Epilepsy and Epileptic Syndromes with Seizures of Localized Onset	G40.001	G40.009	G40.011	G40.019
Localization-Related (Focal) (Partial) Symptomatic Epilepsy and Epileptic Syndromes with Simple Partial Seizures	G40.101	G40.109	G40.111	G40.119
Localization-Related (Focal) (Partial) Symptomatic Epilepsy and Epileptic Syndromes with Complex Partial Seizures	G40.201	G40.209	G40.211	G40.219
Generalized Idiopathic Epilepsy and Epileptic Syndromes	G40.301	G40.309	G40.311	G40.319
Other Generalized Epilepsy and Epileptic Syndromes	G40.401	G40.409	G40.411	G40.419
Epileptic Seizures Related to External Causes	G40.501	G40.509		
Other Epilepsy	G40.801	G40.802	G40.803	G40.804
Lennox-Gastaut Syndrome	G40.811	G40.812	G40.813	G40.814
Epileptic Spasms	G40.821	G40.822	G40.823	G40.824
Epilepsy Unspecified	G40.901	G40.909	G40.911	G40.919
Absence Epileptic Syndrome	G40.A01	G40.A09	G40.A11	G40.A19
Juvenile Myoclonic Epilepsy	G40.B01	G40.B09	G40.B11	G40.B19
All Other	G40.89			

The following ICD-10 codes should allow for the authorization of bisoprolol for patients diagnosed with congestive heart failure (CHF):

Diagnosis/Description	Unspecified	Acute	Chronic	Acute on Chronic
Systolic (Congestive) Heart Failure	I50.20	I50.21	I50.22	I50.23
Diastolic (Congestive) Heart Failure	I50.30	I50.31	I50.32	I50.33
Combined Systolic (Congestive) and Diastolic (Congestive) Heart Failure	I50.40	I50.41	I50.42	I50.43
Left Ventricular Failure	I50.1			
Heart Failure	I50.9			

The following ICD-10 codes should allow for authorization of Xarelto®:

Diagnosis/Description	Right Side	Left Side	Bilateral	Unspecified
Artificial Hip Joint	Z96.641	Z96.642	Z96.643	Z96.649
Artificial Knee Joint	Z96.651	Z96.652	Z96.653	Z96.659

The following ICD-10 codes should allow for the authorization of sildenafil:

Diagnosis/Description	Primary	Other Secondary
Pulmonary Hypertension	I27.0	I27.2

The following ICD-10 codes should allow for the authorization of Foradil® or Serevent®:

Diagnosis/Description				
Emphysema	Unilateral (MacLeod's Syndrome)	Panlobular	Centrilobular	Other	Unspecified
	J43.0	J43.1	J43.2	J43.8	J43.9
COPD	With Acute Lower Respiratory Infection		With Acute Exacerbation		Unspecified
	J44.0		J44.1		J43.9

The following ICD-10 codes should allow for the authorization for AquADEKs®, Bethkis®, DEKAs, Kitabis®, and Pulmozyme® in patients diagnosed with cystic fibrosis:

Diagnosis/Description	ICD-10 Code
With Pulmonary Manifestations	E84.0
With Other Manifestations	E84.8
Unspecified	E84.9
With Meconium Ileus	E84.11
With Other Intestinal Manifestations	E84.19

The following ICD-10 code should allow for the authorization for cromolyn in patients diagnosed with asthma:

Diagnosis/Description	ICD-10 Code
With Asthma	J45

The following ICD-10 code should allow for the authorization of preferred agents in the combination products for *H. Pylori*:

Diagnosis/Description	ICD-10 Code
H. Pylori	B96.81

The following ICD-10 codes should allow for the authorization for Hetlioz®:

Diagnosis/Description	Blindness	Unqualified Visual Loss
Both Eyes	H54.0	H54.3

The following ICD-10 codes should allow for the authorization for Tazorac®:

Diagnosis/Description	Simplex	Letalis	Dystrophica	Other	Unspecified
Epidermolysis Bullosa	Q81.0	Q81.1	Q81.2	Q81.8	Q81.9

The following ICD-10 codes should allow for the authorization for Azasan®, CellCept®, Imuran®, mycophenolate mofetil, Myfortic®, Prograf®, Rapamune®, Sandimmune®, tacrolimus, and Zortress®:

Diagnosis/Description	Transplant	Unspecified Complication	Rejection	Failure	Infection	Other Complication
Kidney	Z94.0	T86.10	T86.11	T86.12	T86.13	T86.19
Heart	Z94.1	T86.20	T86.21	T86.22	T86.23	T86.298
Lung	Z94.2	T86.819	T86.810	T86.811	T86.812	T86.818
Heart-Lung	Z94.3	T86.30	T86.31	T86.32	T86.33	T86.39
Liver	Z94.4	T86.40	T86.41	T86.42	T86.43	T86.49
Bone	Z94.6	T86.00	T86.01	T86.02	T86.03	T86.09
Pancreas	Z94.83	T86.899	T86.890	T86.891	T86.892	T86.898
Intestine	Z94.82	T86.859	T86.850	T86.851	T86.852	T86.858
Other, Specified	Z94.89	T86.839	T86.830	T86.831	T86.832	T86.838
Other, Unspecified	Z94.9	T86.90	T86.91	T86.92	T86.93	T86.99

Note: Authorization for Astagraf XL® will only be allowed for the following ICD-10 codes: Z94.0, T86.90, T86.91, T86.92, T86.93, T86.99, T86.11, T86.12, T86.13, and T86.19.

The following ICD-10 codes should allow for the authorization of Albenza®:

Diagnosis/Description	Echinococcosis	Cysticercosis
Helminthiases	B67	B69

The following ICD-10 codes should allow for the authorization for itraconazole/Sporanox®:

Diagnosis/ Description	Acute Pulmonary	Chronic Pulmonary	Unspecified Pulmonary	Disseminated	Unspecified	Other
Histoplasmosis Capsulati	B39.0	B39.1	B39.2	B39.3	B39.4	*Histoplasmosis Duboisii* - B39.5 *Histoplasmosis, Unspecified* - B39.9
Blastomycosis	B40.0	B40.1	B40.2	B40.7	B40.9	*Cutaneous* - B40.3 *Meningoencephalitis* - B40.81 *Other* - B40.89
Aspergillosis				B44.7	B44.9	*Invasive Pulmonary* - B44.0 *Other Pulmonary* - B44.1 *Tonsillar* - B44.2 *Allergic Bronchopulmonary* - B44.81 *All Other* - B44.89
Cryptococcosis			B45.0	B45.7	B45.9	*Cerebral* - B45.1 *Cutaneous* - B45.2 *Osseous* - B45.3

The following ICD-10 code should allow for the authorization of cefuroxime tablets:

Diagnosis/Description	ICD-10 Code
Allergy Status to Penicillin	Z88.0

The following ICD-10 codes should allow for the authorization of doxycycline suspension in children aged 12 and under (Note: These are only valid from March 1st through October 15th every year unless otherwise noted)

Diagnosis/Description					
Lyme Disease Complications	Unspecified	Meningitis	Other Neurological Disorders	Arthritis	
	A69.20	A69.21	A69.22	A69.23	
Other Diseases	Babesiosis		Disease Group for Spotted Fever/Tick-Borne Rickettsioses		Disease Group for Tick-Borne Viral Encephalitis
	B60.0		A77		A84

The following ICD-10 codes should allow for the authorization for Diclegis®:

Diagnosis/Description	ICD-10 Code
Mild Hyperemesis Gravidarum	O21.0
Hyperemesis Gravidarum with Metabolic Disturbance	O21.1
Late Vomiting of Pregnancy	O21.2
Other Vomiting Complicating Pregnancy	O21.8
Unspecified Vomiting of Pregnancy	O21.9

The following ICD-10 codes should allow for the authorization for ondansetron tablets and ODT:

Diagnosis/Description	ICD-10 Code
Encounter for Antineoplastic Chemotherapy	Z51.11

The following ICD-10 codes should allow for the authorization for nifedipine IR:

Diagnosis/Description	ICD-10 Code
False Labor Before 37 Completed Weeks of Gestation, Unspecified Trimester	O47.00
False Labor Before 37 Completed Weeks of Gestation, Second Trimester	O47.02
False Labor Before 37 Completed Weeks of Gestation, Third Trimester	O47.03
False Labor at or After 37 Completed Weeks of Gestation	O47.1
False Labor, Unspecified	O47.9
Preterm Labor Without Delivery, Unspecified Trimester	O60.00
Preterm Labor Without Delivery, 2nd Trimester	O60.02
Preterm Labor Without Delivery, 3rd Trimester	O60.03

The following ICD-10 codes should allow for the authorization for nimodipine:

Diagnosis/Description	ICD-10 Code
Nontraumatic Subarachnoid Hemorrhage From Unspecified Carotid Siphon And Bifurcation	I60.00
Nontraumatic Subarachnoid Hemorrhage From Right Carotid Siphon And Bifurcation	I60.01
Nontraumatic Subarachnoid Hemorrhage From Left Carotid Siphon And Bifurcation	I60.02
Nontraumatic Subarachnoid Hemorrhage From Unspecified Middle Cerebral Artery	I60.10
Nontraumatic Subarachnoid Hemorrhage From Right Middle Cerebral Artery	I60.11
Nontraumatic Subarachnoid Hemorrhage From Left Middle Cerebral Artery	I60.12
Nontraumatic Subarachnoid Hemorrhage From Anterior Communicating Artery	I60.2
Nontraumatic Subarachnoid Hemorrhage From Unspecified Posterior Communicating Artery	I60.30
Nontraumatic Subarachnoid Hemorrhage From Right Posterior Communicating Artery	I60.31
Nontraumatic Subarachnoid Hemorrhage From Left Posterior Communicating Artery	I60.32
Nontraumatic Subarachnoid Hemorrhage From Basilar Artery	I60.4
Nontraumatic Subarachnoid Hemorrhage From Unspecified Vertebral Artery	I60.50
Nontraumatic Subarachnoid Hemorrhage From Right Vertebral Artery	I60.51
Nontraumatic Subarachnoid Hemorrhage From Left Vertebral Artery	I60.52
Nontraumatic Subarachnoid Hemorrhage From Other Intracranial Arteries	I60.6
Nontraumatic Subarachnoid Hemorrhage From Unspecified Intracranial Artery	I60.7
Other Nontraumatic Subarachnoid Hemorrhage	I60.8
Nontraumatic Subarachnoid Hemorrhage, Unspecified	I60.9

The following ICD-10 code should allow for the authorization for naltrexone tablets:

Diagnosis/Description	Disease Group
Opioid Related Disorders	F11

The following ICD-10 code should allow for the authorization of demeclocycline:

Diagnosis/Description	ICD-10 Code
Syndrome of Inappropriate Secretion of Antidiuretic Hormone	E22.2

STATE OF TENNESSEE
DIVISION OF TENNCARE
310 Great Circle Road
Nashville, Tennessee 37243

This notice is to advise you of information regarding the **TennCare Pharmacy Program.**

Please forward or copy the information in this notice to all providers
who may be affected by these processing changes.

New Coverage Pathway
For Continuous Glucose Monitors and Related Supplies

This notice is being sent to notify you of changes for the TennCare pharmacy program. We encourage you to read this notice thoroughly and contact OptumRx's Pharmacy Support Center (866-434-5520) should you have additional questions.

Dear TennCare Provider,

Beginning July 1, 2023, a new coverage pathway will be available for TennCare members. TennCare members will be able to obtain continuous glucose monitors (CGMs) and supplies from their local in-network retail pharmacy. This new coverage pathway will not affect coverage under the medical plan. This update allows TennCare members to access CGMs and related supplies through either their pharmacy OR medical program. Under this new coverage pathway, prescriptions for CGMs and maintenance supplies may be sent to your patient's in-network pharmacy of choice.

What You Need to Know

TennCare's preferred CGM is Dexcom and will be subject to prior authorization criteria and quantity limits. All other CGM products will be considered non-preferred subject to quantity limits and would require members meet additional prior authorization criteria.
Here is how the new process works:

1. If e-prescribe is not used, your patient can take a new prescription for a CGM and related CGM supplies which includes directions, quantity, and refills (if applicable) to be filled by their local pharmacy.
2. Provider should ensure a prior authorization request has been submitted to OptumRx, the pharmacy benefit manager for TennCare by phone, fax, or e-PA.
3. Your patient will pick up the supplies at the local pharmacy.

Below is a table that includes the preferred Dexcom CGM product NDCs that will be covered, and quantity limits associated with the listed product.

NDC	Product Name	Quantity Limit
08627007801	DEXCOM G7 RECEIVER*	1 per year
08627009111	DEXCOM G6 RECEIVER	1 per year
08627005303	DEXCOM G6 SENSOR	3 per 30 days
08627007701	DEXCOM G7 SENSOR/TRANSMITTER	3 per 30 days
08627001601	DEXCOM G6 TRANSMITTER	1 per 90 days

*Check with patient to confirm whether smart phone application is being used as a primary receiver

A copy of the new PDL will be posted July 3, 2023. For more details on clinical criteria, please visit:

https://www.optumrx.com/oe_tenncare/landing.

Helpful TennCare Internet Links:
OptumRx TennCare Website: https://www.optumrx.com/oe_tenncare/landing
TennCare website: www.tn.gov/tenncare/
Please forward or copy the information in this notice to all providers who may be affected by these processing changes.

Thank you for your valued participation in the TennCare program.