



1 Cameron Hill Circle
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bluecareplus.bcbst.com

Plus Release PR 0012

September 15, 2014

News Flash - The Department of Health and Human Services (HHS) has **announced** the **final rule** that delays the ICD-10 compliance date from October 1, 2013 to October 1, 2015. If you have not already, start planning now! New product from the Medicare Learning Network **"ICD-9-CM, ICD-10-CM, ICD-10-PCS, CPT[®], and HCPCS Code Sets" Educational Tool** (ICN 900943), downloadable

Plus *Release*

Observation Notification Requirement

Provider Types Affected

Hospitals

What You Need to Know

As of Nov. 1, 2014, participating providers are responsible for notifying the BlueCare Plus (HMO SNP)SM Utilization Management (UM) Department of observation stays for BlueCare PlusSM members. Members or their representatives may also notify his or her Care Coordinator of an observation stay; however, as a participating provider, you are responsible for providing observation notification. Observation notifications may be submitted by telephone, fax (using the observation notification fax form for your convenience), or through web authorization. The purpose of notification is to quickly initiate necessary care coordination activities or assist with transitioning the member to another setting.

If you have any questions please call the Provider Service line, 1-800-299-1407, Monday through Friday, 8 a.m. to 6 p.m. (ET).

The attached fax form is also available at <http://bluecareplus.bcbst.com/provider-resources/education.html> under the Forms section.

BlueCare Plus Tennessee, an Independent Licensee of the BlueCross BlueShield Association BlueCare Plus Tennessee is an HMO SNP plan with a Medicare contract and a contract with the Tennessee Medicaid program. Enrollment in BlueCare Plus Tennessee depends on contract renewal.



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CONFIDENTIAL INFORMATION

**BlueCare Plus (HMO SNP)SM
 Observation Notification Fax Form**

Member Name _____ DOB _____

Member ID Number _____

Date of Admission to Facility _____

Facility Name _____

Facility Telephone Number _____

Facility Address _____

NPI Number _____ Tax ID# (the last 5 digits) _____

Contact Person _____ Phone _____ Fax _____

Requesting Physician _____ NPI Number _____

Requesting Physician Provider # _____ Tax ID# (the last 5 digits) _____

Diagnosis _____

CPT[®] Code _____ ICD9 Code _____

All Non-Urgent or Non-Emergent Out-of-Network Services require prior authorization.

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H3259_15_UMObservationfax 8/2014

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