BlueCross BlueShield of Illinois | *Experience. Wellness. Everywhere.*℠

BLUEREVIEW℠

For Contracting Institutional and Professional Providers

July 2008

What's Inside?

Important Privacy Notices Now Available

We encourage you to visit our Web site frequently to become familiar with available information and to access the Web-based applications you need to better service our members and your patients. So visit our Web site for access to the following privacy notices:

• HIPAA Notice of Privacy Practices

Describes the steps BCBSIL takes to maintain the privacy of our members' Protected Health Information (PHI), how we use and disclose the PHI of our members, and how members can gain access to this information.

• Privacy Statement

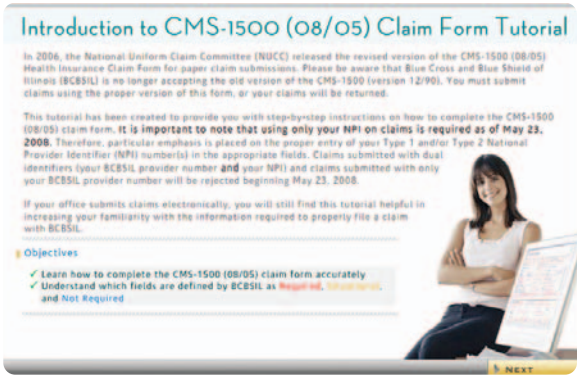
We are committed to attempting to protect the information our customers provide over the telephone, in person, or through the mail. Our Privacy Statement explains our use of personal information and e-mail addresses, and how we handle confidentiality and security.

For more information, go to *www.bcbsil.com/provider*, and click on *HIPAA Privacy Practices and Privacy Statement* in the Provider Library section.

Take Advantage of These Handy Paper Claim Filing Resources

To assist your office with the proper completion of professional and institutional paper claim forms, Blue Cross and Blue Shield of Illinois (BCBSIL) is pleased to announce that the new resources described below are now available to you in the Provider Library and Reference Guides sections of our Provider Web site *www.bcbsil.com*. If your office submits claims electronically, you will still find these resources helpful in increasing your familiarity with the information required to properly file a claim with BCBSIL.

Updated! CMS-1500 Claim Form Tutorial



This online tool has been updated to reflect NPI Only phase claim submission requirements. The tutorial illustrates which fields are defined by BCBSIL as Required, Situational, and Not Required. Step-by-step instructions guide you through the entire form, with particular emphasis on the proper entry of your Type 1 and/or Type 2 National Provider Identifier (NPI) number(s) in the appropriate fields.

We suggest that new providers follow along field-by-field through the tutorial, as the fields will be automatically populated with sample information pertaining to a case scenario. Experienced providers may want to use the Page Down feature to fast forward to a particular field for quick review.

Updated! CMS-1500 Claim Form Printable User Guide

In addition to the CMS-1500 online tutorial, a revised version of our printable CMS-1500 User Guide is now available. Like the tutorial, this User Guide has been updated to reflect NPI Only phase claim submission requirements. All fields defined by BCBSIL as Required, Situational, and Not Required are clearly indicated on the sample form included in the guide, along with detailed instructions on how to properly complete each field. As a reminder, information on the CMS-1500 can also be found on the National Uniform Claim Committee (NUCC) Web site at www.nucc.org.

New! UB-04 Claim Form Printable User Guide

BCBSIL has recently added a new User Guide to our library of resources for institutional providers. This User Guide includes a sample claim form to illustrate which Form Locators are defined by BCBSIL as Required, Situational, and Not Required. The guide also provides detailed instructions on how to properly complete the form in the NPI-only environment.

NOTE: This UB-04 User Guide offers an abbreviated overview to introduce you to the institutional claim form. For complete, detailed information on the UB-04 billing form, or to obtain an Official UB-04 Data Specifications Manual, visit the National Uniform Billing Committee (NUBC) Web site at www.nubc.org.

View Managed Care Updates Online

HMO and Blue*Choice* Updated Policies and Procedures on Web

On a monthly basis, we post updated policies and procedures on our Web site under "Updates." Go to *www.bcbsil.com/provider* to view the updated policies.

HMO and Blue*Choice* Appointment/ Reappointment Report on Web

On a monthly basis, we post a report of the Appointed and Reappointed providers on our Web site. To access this report, go to *www.bcbsil.com/provider*. Select "Appointed/Reappointed PCPs/PSPs" under the Credentialing/Contracting section. The cumulative data is updated by the third Wednesday of each month.

Blue*Choice* Updated Depart List

A listing of all specialists no longer participating in the network for the Blue*Choice* product can be found at *www.bcbsil.com/provider/securedpage.htm*.

Note: You can find participating specialists for the Blue*Choice* product on our Provider Finder® at *www.bcbsil.com*.

On the Line with the PTC

Our Provider Telecommunications Center (PTC) continues to enhance workflows to better respond to your issues and concerns. When you contact us, we want you to know the information we require that will make your call go smoothly. Please review the following updated list of information we can and cannot accept over the telephone for claim adjudication.

Information That CAN Be Taken Over the Phone

After receiving status on a claim, you may contact us by telephone to change or add certain information to a claim. We will accept the changes listed below and make the necessary adjustments. Please note that this list is not all inclusive.

Newly Added…

- Diagnosis (Exception: For Labor Groups we cannot accept a medical or mental health diagnosis over the phone)
- Different patient on the same membership (Example: wrong patient's name billed)

  Note: Labor Groups require that the patient's date of birth and relationship to the member be obtained from the provider since BCBSIL does not hold membership data for these members
- Anesthesia minutes
- Provider type for Medicare Crossover Claims
- Different Group & Identification number (ID) for same family, but billed under the wrong Group & ID
- Alpha Prefix on Illinois claims
- Alpha Prefix on BlueCard Claims
  - Exceptions: Labor Groups – The information must be submitted on a corrected claim, except Groups P50422, P60422, P14602, P14605, P14558, P14560 and P13168
- Other Insurer Payment Information (other insurance paid amount, allowed amount, deductible, coinsurance, write-off, patient share, etc.—at line level when available)
  - Exception: Labor Groups require a hard copy of the other insurance EOB, including Medicare.
- Description of Service information
- Provider stating they refunded payment in error
- Adding modifiers (excludes the 25 and 59 modifiers)

Existing…

- Place of Treatment/Uniform Bill (UB) Types
- Numbers of units
- Type of Service (Example: Surgery should be Anesthesia)
- Date of Service (adding a date of service to an existing service line or changing the date of service)
- Onset date (if the box was not completed on the original claim form or the provider wants to correct the onset date)
- Worker's compensation box information
- Not a duplicate
- UB denied for ICD-9 (International Classification of Diseases, 9th Edition-Clinical Modification) procedure code
- Wrong procedure code billed
- Blue on Blue situations (when the claim did not automatically process under the member's secondary Blue Cross policy)
- Radiology Quality Initiative (RQI) number or information to confirm that the provider did call AIM (American Imaging Management)

Information That CANNOT Be Taken Over the Phone

The following information must be submitted in writing and will not be accepted over the telephone:

Newly Added…

- Changes to the Assignment field (must be sent on a corrected claim)

Existing…

- Additions to the claims, adding lines of service.
- Other insurer information
- Medical records, doctor's notes, etc.
- Itemized bills
- Predeterminations including requested information from a previous predetermination
- Deleting lines of service or deleting entire claims
- Provider number change or National Provider Identifier (NPI) number change

Note: Please use the Provider Review Form found on our Web site at *http://www.bcbsil.com/provider/forms.htm* to submit your claim corrections and/or additional information. Our mailing address for correspondence is:

Blue Cross and Blue Shield of Illinois
P O Box 805107
Chicago IL 60680-4112

You may contact the PTC at 1-800-972-8088, where our Customer Advocates are always available to assist you.

HMO Vision Care Program Changes July 1st

Effective July 1, 2008, Davis Vision, Inc.* replaced EyeMed Vision Care* within the BlueExtras℠ program as the vendor for the vision discount program, and for the HMO vision benefit program. Davis Vision began administering the vision discount program for non-HMO** groups on January 1, 2008.

As part of our BlueExtras discount program, BCBSIL has arranged a vision discount program that offers all group members discounts on eye exams, contact lenses, frames, lenses and lens add-ons.*** In addition, as part of their health care benefits, HMO members have a routine vision benefit that provides coverage for one eye examination every 12 months for the cost of their PCP or wellness copayment, when they visit a network provider. All HMO members are eligible to receive the vision benefit, independent of any vision benefit (materials allowance) an employer may provide.

Savings offered through the vision discount program will be comparable to what members currently have available through EyeMed. The Davis Vision network consists of major national and regional retail locations, such as Visionworks® and EyeMasters,® as well as independent ophthalmologists and optometrists.**** To find a provider convenient to them, members can visit www.davisvision.com.

In addition to discounts on eye exams and eyewear, all group members have access to discounts on laser vision correction through Davis Vision, featuring the TruVision* network. Members can also receive discounted pricing on replacement contact lenses through Davis Vision's Lens 1 2 3® Mail Order Contact Lens Replacement Program.

To contact Davis Vision customer service or for more information about laser vision correction, HMO members can call 1-877-393-8844. For details about replacement contact lenses, members should call 1-800-LENS-123.

*The relationships between Blue Cross and Blue Shield of Illinois and Davis Vision, Inc., EyeMed Vision Care and Davis Vision, Inc., on behalf of TruVision are that of independent contractors.

**Non-HMO refers to the following health plan products: PPO, BlueEdge℠, Blue*Choice*® Comprehensive Major Medical and Point of Service.

***The vision care program is a discount program only. It is available to all Blue Cross and Blue Shield of Illinois group members at no additional charge and is not a part of their health care benefits.

****Changes to the provider network will occur as a result of this transition. LensCrafters® and Pearle Vision® will be replaced in the vision care network by other retail locations, such as Visionworks, as well as independent providers. Members should visit www.davisvision.com to confirm a provider is part of the network prior to scheduling an appointment for, on, or after July 1, 2008.

2008 HMO Member Survey Mailed

The 2008 HMO Member Survey was mailed to randomly selected members in each IPA during June 2008. The primary purpose of this annual survey is to assess and analyze member satisfaction with various attributes at the IPA level, including access and overall service, and medical care and services rendered by PCPs and specialists. The survey has been enhanced for 2008. A more streamlined and actionable tool is being distributed, based on input from HMO IPAs.

The results of this survey are used to determine an IPA's Blue Ribbon Directory Indicator in the HMO Directory. The results are also used to determine an IPA's eligibility to receive the QI Fund based on overall satisfaction and satisfaction with the referral process for specialists.

Please feel free to notify your HMO members* that the survey has been distributed. You may encourage members to promptly complete and return the survey to BCBSIL in the postage paid envelope provided ***within 5 business days of receipt.***

Instructions are included for Spanish speaking members to request a survey by telephone. A bi-lingual postage paid post card is also included in the survey mailing, for members to request a survey in Spanish.

The overall HMO Network and aggregate level Hispanic/Latino results from the 2008 HMO Member Survey will be mailed to the IPAs in the winter of 2008.

*HMO Illinois and BlueAdvantage HMO

CMS to deactivate NPIs where NPPES info conflicts with IRS data

The Centers for Medicare and Medicaid Services (CMS) is currently auditing organizational (Type 2) health care provider data submitted to the National Plan and Provider Enumeration System (NPPES). Specifically, a comparison of NPPES-IRS data is being conducted to ensure that the legal business name (LBN) and employer identification number (EIN) listed with NPPES is accurate and consistent with information on file with the IRS.

CMS has mailed letters to organizational (Type 2) health care providers with an EIN/LBN combination on file with NPPES that is different from the information maintained by the IRS. Providers who receive a letter from CMS should update their LBN and/or EIN in NPPES immediately, as CMS has indicated the NPI in NPPES will be deactivated for all providers who are unable to produce information that matches IRS data.

Please be advised that BCBSIL will deactivate any NPI that is deactivated by CMS. If your NPI is deactivated, you will experience problems when submitting electronic claims to BCBSIL or conducting other standard transactions such as claim status, benefits and eligibility inquiries.

To View or Update your NPI data in NPPES, go to the NPI Registry at https://nppes.cms.hhs.gov. For more information about the NPI, go to the CMS Web site at www.cms.hhs.gov/NationalProvIdentStand. You may also continue to visit the NPI section of our Web site at *www.bcbsil.com/provider* – just click on the NPI logo to gain access to a variety of online tools and resources, such as our NPI Communications Library, Frequently Asked Questions, an NPI Glossary and more!

Attention Blue Cross and Blue Shield Electronic Remittance Receivers:

Availity Transition Update:
Effective August 15, 2008, all Blue Cross and Blue Shield electronic files (ERA, EPS and UPP) will be transitioned to the Availity platform. Availity is now receiving the BCBS electronic files as a pass through from the old THIN platform to the Availity platform. However, as of this transition date, BCBS files will only be available through Availity. To minimize any disruption of service, we are encouraging you to enroll with Availity as soon as possible, if you have not already done so.

Transition Exceptions:
There are some contractual exceptions to this transition. If you have not been contacted by BCBSIL, you will be part of the migration process. With the migration, there will be changes in the ISA and GS segments that will directly impact the way the 835 remits will be created. The file naming convention for delivery of files will also be changed. Please check the Availity Web site and work with your vendor/clearinghouse in preparation for the necessary changes.

All inquiries regarding missing files, reinserts, etc., should be directed to Availity at 1-800-282-4548 or via their Web site at www.availity.com. **Note:** BCBS file content issues and concerns should be directed to the E-Commerce Center at 1-800-746-4614.

Example of the Illinois Differences:

	THIN	AVAILITY
ISA05	ZZ	01
ISA06	G00121 and/or G 00621	030240928
ISA08	THIN ASSIGNED RECEIVER ID i.e. EIBPR00000 or EISP111111	AV09311993
GS03	THIN ASSIGNED RECEIVER ID i.e. EIBPR00000 or EISP111111	AV01101957

Example: Before Migration
ISA*00* *00* *ZZ* G00121 and/or G00621
*ZZ*EISP000000*080318*0440*U*00401*000000101*0*P*:~

GS*HP*HCSCBS or
HCSCBD*EISP000000*20080318*0000*1*X*004010X091A1~

Example: After Migration
ISA*00* *00* *01*030240928
*ZZ*AV09311993*080324*2230*U*00401*100054761*0*T*:~

GS*HP*00121 and/or 0062
*AV01101957*20080324*223031*1134*X*004010X091A1~

Taxonomy Codes: What They Are and How They Are Used

The Health Care Provider Taxonomy code set is a comprehensive listing of unique 10-character alphanumeric codes. The code set is structured into three levels—provider type, classification, and area of specialization—to enable individual, group, or institutional providers to clearly identify their specialty category or categories in HIPAA transactions.

Where do I get one?
You do not need to apply for a Health Care Provider Taxonomy code. Rather, taxonomy codes are self-selected by the provider. The entire Health Care Provider Taxonomy code set can be found within the HIPAA-Related Code Lists section of the Washington Publishing Company (WPC) Web site, at http://www.wpc-edi.com/products/codelists/alertservice. If you do not have online access, you may contact the WPC at 1-425-562-2245 to find out how to purchase a printed code list.

The WPC Web site includes complete instructions on how to use the online code list to determine which code you should choose to identify yourself, where taxonomy codes are used, what each of the levels mean, and more. Basically, the code set levels are organized to allow for drilling down to a provider's precise level of specialization.

Listed below is a random sampling of taxonomy codes to show you what they may look like:

ALLERGY IMMUNOLOGY	207K00000X
DURABLE MEDICAL EQUIPMENT	332B00000X
FAMILY PRACTICE	207Q00000X
OPHTHALMOLOGY	207W00000X
URGENT CARE	261QU0200X

It is important to note that selection of a taxonomy code does not replace any required credentialing or validation processes for your specialty. Some of the code definitions make reference to specialty or certifying boards as a source of information; however, simply choosing a code to identify yourself does not mean that you have automatically met the requirements of the specialty or certifying board.

Why do I need to know my taxonomy code(s)?
Taxonomy codes serve as a secondary identifier to ensure that a provider is accurately recognized in HIPAA standard transactions.

- Taxonomy codes are required on National Provider Identifier (NPI) applications to designate provider type or specialty.

- While it is not required by BCBSIL, including your taxonomy code(s) on electronic and paper claims will assist in expediting the claims process.

"Plant, Grow and Bloom" Workshop

Independent Blue Cross and Blue Shield plans are proud to provide health care coverage for over 100 million members nationwide. This tremendous growth means we are constantly seeking ways to improve care and service to our members and network providers. Does your office need to know how to service these members more efficiently? If so, this workshop is for you. Allow your knowledge to blossom at our summer workshops. You will gain fresh insight on our products, effective ways of doing business and new program initiatives.

Some of the topics that will be included are:
- Consumer Driven Health Plan (CDHP)
- Medicare Advantage
- Provider Review/Appeals
- Precertification/Pre-Determination
- BlueCard® (out-of-area)
- Refunds/Auto-Recoupments
- Web site Tour, and more!

Come join us by registering today! Visit our Web site at *www.bcbsil.com/provider/training.htm* to view the agenda and to register for any workshops you are interested in attending.

Upcoming Workshop Include:

Workshop: Plant, Grow and Bloom
Date: July 9, 2008
Location: OSF St. Joseph Medical Center, Bloomington, Illinois

Workshop: Ancillary Workshop - CHC/HIT/Hospice
Date: July 23, 2008
Location: Memorial Hospital, Springfield, Illinois

Workshop: Ancillary Workshop – SNF
Date: August 7, 2008
Location: Memorial Hospital, Springfield, Illinois

Workshop: Summer HMO Administrative Forum
Date: August 13, 2008
Location: BCBSIL, Chicago, Illinois

Workshop: Plant, Grow and Bloom
Date: August 20, 2008
Location: BCBSIL, Chicago, Illinois

Workshop: Plant, Grow and Bloom
Date: August 27, 2008
Location: Rush North Shore Medical Center, Skokie, Illinois

Workshop: Plant, Grow and Bloom
Date: September 10, 2008
Location: Provena St. Joseph Hospital, Elgin, Illinois

Workshop: Plant, Grow and Bloom
Date: September 17, 2008
Location: Mercy Hospital and Medical Center, Chicago, Illinois

New Account Groups

Group Name: **IDEX**
Group Number: **DX1602**
Alpha Prefix: **IDX**
Product Type: **PPO**(Portable)
Effective Date: **July 1, 2008**
BC ◉ BS ◉

Group Name: **Ralcorp Holding, Inc.**
Group Number: **028108-09**
Alpha Prefix: **XOF**
Product Type: **PPO**(Portable)
Group Number: **028110**
Alpha Prefix: **XOF**
Product Type: **CMM**
Effective Date: **July 27, 2008**
BC ◉ BS ◉

EDI Update – Attention Medicare Part A Receivers

As of May 29, 2008, the transition of the Illinois Medicare Part A remittance to Availity was completed. Availity is now receiving the remittance advices directly from National Government Services (NGS), formerly known as AdminaStar Federal (ASF).

All inquiries regarding set-up, missing files, etc., should be directed to Availity. Please feel free to contact Availity at 1-800-282-4548 or visit their Web site at www.availity.com with any issues and/or concerns related to the Medicare Part A remittances.

Pharmacy Program Updates
New Generics Available for Requip and Sonata

Two highly utilized medications have become available generically. Requip, now available as ropinirole, is indicated both for the treatment of Parkinson's disease and of moderate-to-severe primary restless leg syndrome (RLS). Ropinirole is the first generic in the class of drugs called dopamine agonists used for the treatment of Parkinson's disease as well as for RLS (selective drugs only). Other drugs in the dopamine agonist category include Mirapex (pramipexole) and Apokyn (apomorphine).

In addition to Requip, the generic for Sonata (zaleplon) has also become available. Zaleplon is a medication indicated for the treatment of insomnia. Another drug in this class of insomnia agents that is also available generically is zolpidem (i.e., Ambien). Other brand name drugs in the class of insomnia agents include Ambien CR (zolpidem extended release), Lunesta (eszopiclone), and Rozerem (ramelteon). The use of generic medications as first-line therapy is encouraged, whenever appropriate.

Attention Assistant Surgeon Providers: Payment Differential and Contract Renewal Payment Policies

Coverage
Effective June 1, 2007, the following non-physician surgical assistants became part of our contracting Participating Provider Option (PPO) network:

- Certified Surgical Assistants (CSA)
- Certified Surgical Technician (CST)
- Registered Nurse First Assist (RNFA)
- Registered Surgical Assistant (RSA), and
- Surgical Assistant – Certified (SA-C)

Note: This is not an all inclusive list.

Assistant surgeon services performed by a CSA, CST, RNFA, RSA, or SA-C must be reported with the Current Procedural Terminology (CPT) Modifier "AS."

Reimbursement
Reimbursement for these allied health professionals is based on the payment level of 85 percent of the 20 percent of the applicable fee schedule (PPO, Blue Choice, etc.) for the given CPT code billed. This payment level calculation is for groups/contracts that have renewed.

For groups/contracts that have not renewed, the payment level is 75 percent of the Billed or Scheduled Maximum Allowance Fee Schedule, whichever is less.

What's New Online Be Smart. Be Well.™ Spotlights Mental Health Concerns

About one in four Americans suffer from a diagnosable mental disorder in a given year.† Mental health touches all of us – directly or indirectly, at work and at home. This summer, www.besmartbewell.com features the topic of mental health.

Each year, 54 million Americans experience mental illness, such as depression or an anxiety disorder. But nearly two-thirds do not seek treatment. Yet, just like diabetes or heart disease, early treatment can help make a real difference.

Be Smart. Be Well. is BCBSIL's health and wellness Web site, designed to raise awareness of prevalent, yet largely preventable health and safety issues. Through interviews with medical professionals and video documentaries with individuals whose lives have been changed, **Be Smart. Be Well.** seeks to engage and motivate people to make smart and healthy choices.

Encourage your members to visit the **Be Smart. Be Well.** Web site to view compelling videos of individuals sharing their personal stories about mental illness. Learn how it affected their relationships and how they have learned to overcome it.

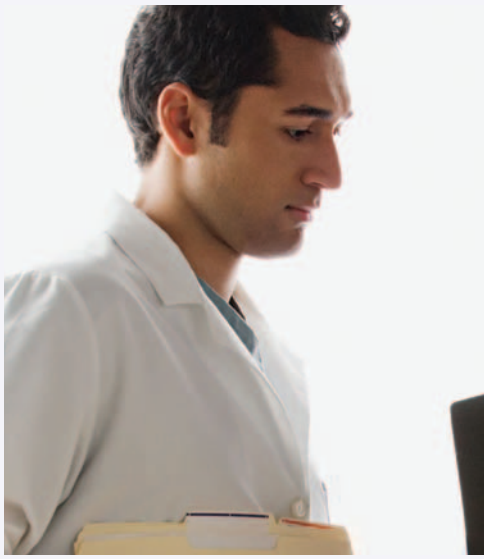
†According to the National Institute of Mental Health

Know When to Pre-certify

Pre-certification, (also referred to as pre-notification) is the process of determining medical necessity and appropriateness of the physician's plan of treatment.

Inpatient Services
Most BCBSIL PPO and POS contracts require that either the member or provider notify us and receive prior approval from our Medical Management Department for inpatient hospital admissions and the following services:

- acute hospitalization and inpatient rehabilitation
- skilled nursing
- long-term acute care
- inpatient hospice (some groups)
- Coordinated health care, such as skilled nursing visits, home therapies, IV medication, etc. (some groups)



Note: For mental health admissions and chemical dependency services, the member should contact the telephone number that is usually listed on the back of their ID card.

Outpatient Services
Although many PPO and POS employer group contracts do not require pre-certification/pre-notification for outpatient services, there may be some who do. Contact our Customer Care Call Center (Medical Management Intake) to request pre-certification/pre-notification for groups with specific outpatient notification requirements. We have changed our current menu selections to address outpatient services, and divided the prompts by providers and members. If the group in which the member belongs does not have outpatient pre-certification/pre-notification requirements, your call will be directed to our Provider Telecommunications Center (PTC), where you will be able to obtain information on eligibility, benefits and claim status.

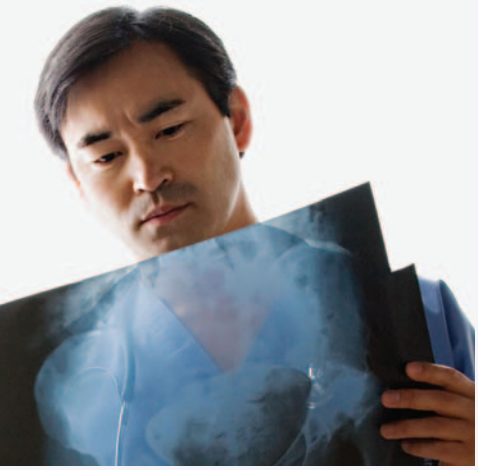
Contact information and time frames for notification are listed on the back of the member's BCBSIL ID card. If you are unsure if pre-certification/pre-notification is required for a member, call the Provider Telecommunications Center (PTC) at 1-800-972-8088 between the hours of 7:30 a.m. and 5:30 p.m. for assistance from one of our Customer Advocates.

Note: For HMO members, it is the responsibility of the member's physician to notify their Medical Group/IPA for inpatient hospital admissions.

Servicing out-of-area members
When you provide services to members belonging to other Blue Cross and Blue Shield plans (BlueCard out-of-area members), please contact the BlueCard Eligibility Line at 1-800-676-BLUE (2583) to verify eligibility and benefits, and to find out if any pre-certification/pre-notification is required.

iExchange now available for all providers
BCBSIL is pleased to offer iExchange, an online pre-notification and case management tool for physicians and facility providers to use when pre-certifying/pre-notifying inpatient hospital admissions. iExchange can also be used to initiate new cases and extensions. iExchange is available online 24 hours a day, seven days a week. To learn more about this tool and how to sign up, please contact your Provider Network Consultant or ask one of our PTC Customer Advocates for more information.

Requesting a Predetermination of Benefits
A Predetermination of Benefits is a written request for verification of benefits prior to services being rendered. Predetermination approvals and denials are based on provisions in our medical policies. A predetermination approval does not guarantee payment for services, since benefits are also subject to eligibility and coverage limitations at the time services are rendered. A Predetermination of Benefits is recommended when the service could be considered experimental, investigational, or cosmetic. Medical policies located on our Web site may also be used as a guideline to determine what documentation is required with the request.



Predetermination Request Fax Forms can be found on our Web site at *www.bcbsil.com/provider*. Just click on Forms in the Provider Library section. Complete and fax all requests—with the exception of high-tech imaging services—to BCBSIL at 1-217-862-7282.

Predetermination Workflow Changes
The Customer Advocates in our PTC will no longer be contacting providers when a predetermination request is received. Providers will be called once the determination/outcome has been reached for that inquiry. Please direct any questions to our PTC by calling 1-800-972-8088, Monday through Friday, 7:30 a.m. to 5:30 p.m. (CST).

Predeterminations for High-Tech Imaging Services
When high-tech imaging services are performed in an office, an outpatient department of a hospital or a free-standing imaging center, the ordering physician must contact American Imaging Management (AIM) to obtain a Radiology Quality Initiative (RQI) number. AIM should be contacted prior to scheduling an imaging exam for BCBSIL PPO and Blue*Choice* Select members who need the following services:

- CT and CTA scans
- MRI and MRA scans
- Nuclear cardiology studies
- PET scans – If an RQI number is issued by AIM, no further predetermination will be necessary. However, if AIM cannot issue the RQI, they will direct you back to BCBSIL for the normal predetermination process.

You should always verify eligibility and benefits prior to rendering services. To request an RQI number, the ordering physician can use AIM's interactive Web site by registering at www.americanimaging.net. You can also contact AIM's Call Center toll-free at 1-866-455-8415, Monday through Friday, 8:30 a.m. to 6 p.m. (CST).

Note: The RQI program is not a substitute for the pre-notification/pre-certification process.

Predetermination vs. Pre-notification/Pre-certification Process
Predeterminations are not a substitute for the pre-notification/pre-certification process. Services that require pre-notification/pre-certification must still have this satisfied in order for the claims to be paid, and to prevent the member from being held responsible for a pre-notification penalty on their policy. Please contact the Medical Management Department number on the back of the member's insurance card to obtain a pre-notification/ pre-certification authorization for the services in question.

Fairness in Contracting

In an effort to comply with Fairness in Contracting Legislation and keep our contracting providers informed, BCBSIL has designated a column in the Blue Review to notify you of any changes to the physician fee schedules. Be sure to review this area each month.

Effective July 1, 2008, BCBSIL will implement its annual update of the Schedule of Maximum Allowances (SMA) in relation to the CMS Resource Based Relative Value Scale (RBRVS) revisions. Reimbursement for services provided on or after July 1, 2008, will be based on the updated fee schedule. This update affects PPO and Blue*Choice* fee schedules.

Fee schedules reflecting this update are now available. You may download the Fee Schedule Request Form at *www.bcbsil.com/provider/forms.htm*.

Benefits for Reconstructive Surgery and Mammograms

Federal and State of Illinois legislation requires group health plans and health insurers to provide coverage for reconstructive surgery following a mastectomy. These laws state that health plans covering mastectomies must also provide coverage in a manner determined in consultation with the attending physician and patient for:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment for physical complications for all stages of mastectomy, including lymphedemas.

These reconstructive services are covered by BCBSIL as long as the procedures are provided by a licensed physician according to the member's plan's provisions. Coverage may also include benefits for annual mammograms.

When discussing the options with the member, please remember to always verify eligibility and benefits electronically or by calling our Provider Telecommunications Center (PTC) at 1-800-972-8088.

Visit us online at **www.bcbsil.com/provider**

Have an idea **for an article?**

We want to hear from you! Let us know if the *Blue Review* continues to meet your standards.

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We invite you to submit your feedback and suggestions for improvements via e-mail, to **bluereview@bcbsil.com**.

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