blueREVIEW

For Contracting Institutional and Professional Providers

June 2004

Introducing Blue*Choice* Select

Effective July 1, 2004, Blue Cross and Blue Shield of Illinois is launching a new product in the Chicago Metro area as an innovative and cost effective health care coverage option. This new product, Blue*Choice* Select, is not a replacement for Blue*Choice*. It is an additional product offering for our members.

Here are some Blue*Choice* Select features:

- Members are not required to select a Primary Care Physician to coordinate their care
- Members may self-direct their care, written referrals are not necessary, but in-network and out-of-network benefit levels differ
- Members seeking care from the Blue*Choice* Select network of participating physicians and facilities will receive in-network benefits reimbursed at the higher benefit level
- Care obtained from a physician or facility not participating in Blue*Choice* Select will be considered out-of-network and available benefits will be reimbursed at a lower benefit level

The new member ID card will carry the Blue*Choice* Select name and any copayments payable at the time of service. The designated alpha prefix on the card will be "XOU". (See the sample ID card) Since a PCP selection is not required, the ID cards will not contain PCP names.

The physician network is the same for both products and consists of physicians with an MCNP/Blue*Choice* agreement and admitting hospital privileges at one of the Blue*Choice* network hospitals participating in the network as of July 1, 2004.

In mid-June information about Blue*Choice* Select will be available on the BCBSIL Web site at www.bcbsil.com. Use the Provider Finder section of the Web site to identify:

- New Blue*Choice* Select contracting hospitals
- The Specialist Provider network

Prior to the July 1st effective date, additional information will be mailed to Blue*Choice* network physicians. Please contact your Provider Network Assistant if you need copies of the Policies and Procedures or if you have any questions about Blue*Choice* Select.

Blue*Choice* Members Give High Marks To Blue*Choice*

The nationally standardized CAHPS survey is used annually to assess Blue*Choice* member satisfaction. Compared to members of other health plans, Blue*Choice* members had very high ratings for their personal doctor and for all health care. Ratings of specialists, communication with physicians, getting needed care and the courtesy and helpfulness of physician office staff were also high. Members gave high marks for the Blue*Choice* health plan and customer service. Two primary opportunities were identified by this survey. For Blue Cross and Blue Shield of Illinois, claims processing is an opportunity. For the network, improving access to prompt care is an opportunity.

Performance Recognition Program

Spotlight on Performance

As we mentioned in the May 2004 *Blue Review*, BCBSIL was host to providers throughout the state to recognize those who have increased electronic claim submission and reduced duplicate paper claims. We recognized providers from 5 geographic areas: Chicago Metropolitan, Eastern and Western Illinois, Northern and Southern Illinois. Providers were then divided by size (the total number of claims submitted per month) and given awards for the following categories:

- Most consistent electronic claim submission
- The highest reduction of paper claim submission
- The highest reduction in duplicate paper claim submission

Winners will be posted on the BCBSIL Provider Web site at http://www.bcbsil.com/provider/index.htm.

National Accounts Update: Daimler Chrysler Moves to PPO

Effective April 1, 2004, all Daimler Chrysler employees nationally enrolled in the current Standard (Traditional) Plan, were transitioned to a new PPO product called Standard Care Network (SCN). This new product utilizes our National Blue Card PPO network and includes an enhanced benefit package. Locally, this change affects all Daimler Chrysler employees residing in Illinois working at the Belvidere and Naperville offices.

Membership

Members have received their new ID cards that must be presented when seeking medical care. The new cards have the following features:

- A new alpha prefix (either DXP or DPU)
- The PPO suitcase logo
- The words “Standard Care Network” imprinted on the card in the upper right hand corner

Benefits

Benefits will follow a basic PPO Plan design and include the following enhancements:

- In-network office visits considered as eligible covered services, to be paid by the member at the discounted network rate. Members pay 100% of the charges for office visits rendered by an out-of-network provider.
- Well baby care, immunizations, vaccines and early detection screenings covered at 100% when rendered by in-network providers.
- Other benefits covered at 100% in-network and 90% out-of-network. (10% out-of-network coinsurance)
- A $250 single/$500 family out-of-network, out-of-pocket maximum

Claim Filing and Reimbursement

- Submit claims to BCBSIL electronically or by mail for all office visits and other services before collecting any fees from the member.
- You will receive the Provider Claim Summary explaining the claim disposition, the amount of payment, covered and non-covered services, deductibles and coinsurance.
- After receiving the Provider Claim Summary, you may bill the member for any applicable fees that are the member’s liability (office visits, deductibles, coinsurance or non-covered services). Members should not be charged an amount in excess of the approved amount when network providers are used.
- Members will receive an Explanation of Benefits statement that informs them of their financial responsibility. The discounted office visit allowed amount is posted in the deductible column.

Contact Information

You should continue to contact the Provider Telecommunications Center (PTC) at (800) 972-8088 for verification of eligibility, benefits, deductibles and to determine claim status.

Blue Review is a monthly newsletter published for Institutional and Professional Providers contracting with Blue Cross and Blue Shield of Illinois. We encourage you to share the content of this newsletter with your staff. The ***Blue Review*** is located on our Web site at www.bcbsil.com/provider/bluereview.htm and on THIN Online.

Blue Review is published monthly by:
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Filing Instructions For I.U.O.E. LOCAL 399 and Other Labor Funds

On January 1, 2004, BCBSIL welcomed members of the International Union of Operating Engineers, Local 399 Welfare Fund, to the Illinois PPO network. By now all members have received their new ID cards and can be identified as follows:

- Group # P14239
- Alpha prefix UOE

It is possible that many of you were servicing Local 399 members before January 1, 2004. Now that they have BCBSIL PPO coverage, it is important that you request that members present their new ID cards at each visit so you can verify their eligibility and benefits.

To avoid claim payment delays, contracting PPO providers servicing members belonging to labor groups must submit labor fund account claims directly to BCBSIL rather than to the labor fund office. You may need to update your internal records to reflect this procedure for claim filing purposes. Claims can be submitted electronically just as all other claims to expedite processing.

Important reminders for labor account groups:

When verifying eligibility and benefits:

- Call the account's Health and Welfare local office. This contact telephone number is located on the back of the member's BCBSIL ID card.

When filing claims (Do not file directly to the fund office on this account):

- File electronically with BCBSIL, or
- Mail paper claims to: BCBSIL, P.O. Box 1364, Chicago, IL 60690.

If you have questions, please contact the BCBSIL Provider Telecommunications Center at (800) 972-8088, or use THIN Online.

New Account Groups

Group Name	Group Number	Alpha Prefix	Product Type	Effective Date
BlueLinx Corporation	021329-021338	BLX	PPO(Portable)	May 4, 2004
Chicago Laborers	P15412	LAR	PPO Hospital Network	June 1, 2004
Chicago Public Schools	P12709 H12709	CDA XOH	PPO(Portable) HMOI	July 1, 2004
Cook County Actives	089801	XOF	PPO(Portable)	July 1, 2004
IBEW Local 150	P15896	IEL	PPO(Portable)	July 1, 2004
Teamsters Local 714	P15280 P15284	TAJ TAK	PPO(Portable)	June 1, 2004
Teamsters Local 727	P60607	FUN	PPO(Portable)	June 1, 2004
United Components Inc.	016345-50 016353-56 016351-52, 016357	UCM XOT	PPO(Portable) CMM	July 1, 2004
United Food Handlers Welfare Fund	P12274	FWF	PPO(Portable)	June 1, 2004

Key:

BlueAdvantage HMO = BlueAdvantage HMO
BlueEdge[SM] Participating Provider Option (PPO) = Consumer Driven Healthcare Product (CDHP)
CMM = Comprehensive Major Medical
POS = Point of Service (Blue*Choice*)
PPO = Participating Provider Option (Hospital and Physician Network)
PPO Hospital Network = Participating Provider Option (Hospital Network Only)
PPO(Portable) = BlueCard PPO
HMOI = Health Maintenance Organization of Illinois
HMOI AFHC = HMOI Away From Home Care

THIN Response File Changes Effective May 4, 2004

To accommodate new field lengths and terminology associated with the HIPAA compliant formats, reports provided by The Health Information Network (THIN) Clearinghouse underwent minor changes effective May 4, 2004. If you would like to view the reports with the changes and enhancements described below, please visit the THIN Web site at: http://www.thinedi.com/guide/updates.htm)

Real-Time Response Report

- The File ID field has been expanded to support the first 12 positions of the transmission file ID number.
- Example on new report format on page 5A.6.

Submitter Daily File Confirmation Report (SFC)

- New Title—Submitter Daily Tran Confirmations
- All references to File(s) is now Tran(s)
- The "Accepted Claims" columns have been eliminated
- The Transmission ID number fields have been expanded to support up to 30 positions.
- Example of new report format on page 5A.8.

Provider Daily Claim Confirmation Report (PCC)

- All references to File(s) is now Tran(s)
- Up to four (4) Provider ID qualifier(s) and provider number(s) submitted in the Billing Provider REF segments will be displayed if different than the billing provider number submitted in NM109 (Tax ID /NPI field).
- The "Payer Name" column has been eliminated
- The Transmission ID number fields have been expanded to support up to 30 positions.
- Example of new report format on page 5A.10.

Daily Sender/Payer Confirmation Report (DPR)

- All references to File(s) is now Tran(s)
- The Transmission ID number fields have been expanded to support up to 30 positions.
- Example of new report format on page 5A.12.

rEDI-link Blue—File Format Layout

- A new Transmission ID number field ha been added to the A1 – Submitter File Record in positions 60 thru 89 to support up to 30 positions of the transmission ID number. Note – The first 6 positions will continue to appear in the A1 record in positions 15 thru 20.
- Example of new report format on page 5A.15.

E-mail Addresses Needed

We are seeking to improve your access to the latest and most relevant BCBSIL news. Simply provide us with your e-mail address and begin to receive your information in the fastest and easiest way possible. You can provide us with your email address one of three ways:

1. **Web site:** Go online to http://www.bcbsil.com/provider/provider_file_update.htm, fill in the required information and e-mail address. In addition to your e-mail address, if you have had any changes to your practice, it would be a good time to update us on those changes. Complete the provider information form by populating all required fields and select "submit". The form will then be routed to our Provider Services' staff for updating.
2. **Fax:** If you choose to fax in your updates, please do so on your office letterhead to ensure accuracy, and send it to the Provider Services Department at: (312) 856-1946.
3. **Mail**: If you choose to mail in your updates, please do so on your office letterhead to ensure accuracy, and send it to: Blue Cross and Blue Shield of Illinois, 300 E. Randolph St., Chicago, Illinois 60601-5000, Attention: Provider Services, 27th Floor.

By the end of 2004, we hope to have obtained all of the e-mail addresses of our participating network providers for all product lines. We continue to look for online solutions to communicate with you in a more timely manner as a way to improve administrative processes and efficiencies. One method we will be utilizing is electronic mail.

Real-Time Response Report Reminder

When transmitting multiple lines of business in one file transmission, the appropriate ISA08 Interchange Receiver ID should be **ZMIXED** and not Z00621. Receiver ID of Z00621 will reject on all HIPAA compliant versions, 4010A1, and the Expanded "T" versions, T0301 and T60. Additionally, multiple lines of business within one file transmission will generate the Tax Identification Number on the Response Reports and not the Billing Provider Number.

If you choose to transmit each line of business separately, use the appropriate first-position value of C, D, E, F and G to designate line of business. Separate transmissions for each line of business will generate the Billing Provider Number on the Response Reports. If you have any questions, please call our EDI Hotline at (312) 653-7954.

Illinois Department of Public Aid (IDPA) HIPAA Transition Strategy

In April, the Illinois Department of Public Aid (IDPA) began a gradual transition to the HIPAA mandated format starting with Institutional claims in a 'start slow' phase. During this start slow period, as well as our testing process, several errors have consistently occurred. There are problems still appearing **on a significant number of the PRODUCTION 837 transactions we are getting during this transition to the 837I causing claims to be rejected.** These requirements may be either from the Implementation Guide or from the Illinois Department of Public Aid's (IDPA) Companion Guides for the Institutional and the Professional versions of the 837 transactions. IDPA's Companion Guides are found in Chapter 300 of the Provider Handbook for Electronic Processing at http://www.dpaillinois.com/handbooks/chapter300.html.

1. **For IDPA, an appropriate taxonomy code must be provided.**
   The provider taxonomy code is an essential data element needed on both Institutional and Professional 837 transaction formats. The claims adjudication system requires this data element to properly calculate the payment amount for the claim. For a quick access to Appendix 4 and 5, category of service/taxonomy default tables, go to www.myidpa.com/hipaa and select Companion Guide to the left of the page.

2. **For IDPA, the patient is always the subscriber.**
   The Implementation Guides for each of the 837 types (Institutional, Professional and Dental), state that SBR02 within the loop 2000B-Subscriber Hierarchical Level must be '18' (self) "…when the subscriber is the same person as the patient."

3. **For IDPA, claim data must be in the subscriber loop.**
   Since the patient is always the subscriber for IDPA, the claim data must be positioned within the subscriber hierarchical level. This is explained in section 2.3.2.1 of both the Institutional and the Professional Implementation Guides.

4. **For IDPA submission through THIN, a 2010AA loop must be present to denote the Billing Provider Number and Payee Code.**
   For 837 Institutional and Professional claims, a 2010AA loop (Billing Provider Name) must **always** be present. When both the 2010AA loop and the 2010AB loop are included, both loops must contain the NM1, N3, N4 and REF segments. The REF segments of the 2010AA & 2010AB loop must contain value of '1D' in the REF01 data element and a value of the billing provider's Medicaid Provider ID number along with the Payee Code in the REF02 data element (reference the February 2004 *Blue Review*). The REF segment of the 2010AB loop must be identical to the 2010AA which identifies which payee will receive payment for these services.

5. **For IDPA, payer sequence must have 'ILLINOIS MEDICAID' as the destination payer.**
   Refer to the NM1 segment in loop 2010BC (837I) or 2010BB (837P) of the Implementation Guide where it states, "This is the destination payer." Any other payers who may be involved in paying this claim previously should be recorded in the Other Payer Name (Loop 2330B).

Direct Data Entry (DDE)

Claims received via DDE, will be formatted to the required 837 4010 format and transmitted to IDPA .

American National Standard Institute (ANSI) X12 837 Values

ISA06, Interchange Sender ID: Show the Submitter ID assigned by The Health Information Network (THIN) Inc. This must match the same information in GS02.

- **ISA08 Interchange Receiver ID*:** First position must be C, D, E, F, G, Z followed by the 5 to 6 character Receiver ID. For Blue Cross Blue Shield claims, institutional and professional, this must be **00621 and** match GS03. For commercial claims, this must be **MIXED**.
- **GS02 Application Sender Code:** Show the Submitter ID assigned by THIN. This must match the same information in ISA06.
- **GS03 Application Receiver**: First position must be C, D, E, F, G, Z followed by the 5 to 6 character Receiver ID. This must be the same as ISA08.
- **NM109 Receiver Primary Identifier (1000B Loop):** First position must be C, D, E, F, G, Z followed by the 5 to 6 character Receiver ID.
- **NM109 Payer Identifier (2010 BC Loop):** First position must be C, D, E, F, G followed by the 5 to 6 character Receiver ID.

Medical Policy on the Web

Full-Field Digital Mammography

Current peer-reviewed literature suggests that FFDM may be equivalent to standard Screen Film Mammography (SFM). Input from the medical community has confirmed their agreement with this evidence. Since FFDM has not been proven to be superior to SFM, effective June 1, 2004, BCBSIL will allow payment for the FFDM as described below.

- Screening mammography, bilateral
  HCPCS G0202 reimbursement will be equivalent to the reimbursement for CPT 76092
- Diagnostic mammography, bilateral
  HCPCS G0204 reimbursement will be equivalent to the reimbursement for CPT 76091
- Diagnostic mammography, unilateral
  HCPCS G0206 reimbursement will be equivalent to the reimbursement for CPT 76090

Computer aided detection (CPT 76082 and 76083) is considered an additional service to both SFM and FFDM.

For your reference, the table below shows the CPT and HCPCS mammography procedure codes and related CAD procedure codes.

Procedure Code	Description
G0202	Screening mammography, producing direct digital image, bilateral, all views
G0204	Diagnostic mammography, producing direct digital image, bilateral, all views
G0206	Diagnostic mammography, producing direct digital image, unilateral, all views
76082	Computer aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammogram (list separately in addition to code for primarily procedure)
76083	Computer aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammogram (list separately in addition to code for primary procedure;
76909	Mammography; unilateral
76091	Mammography; bilateral
76092	Screening mammography, bilateral (two view film study of each breast)

The revised medical policy may be viewed at http://medicalpolicy.hcsc.net/medpolicies/disclaimer. Questions or concerns regarding this policy may be sent to Dr. Willard Harms, Medical Director of Medical Policy and Adjudication.

Most Common Medicare Part B Errors on the H99RAR04 Response Reports

During the month of April, The Health Information Network (THIN) began transmitting your Medicare B "batch" claims to the Medicare B Carrier, Wisconsin Physician Services (WPS) in the 4010A1 format. Below is a list of the most common errors reflected on the H99RAR04 WPS Response Reports:

Error#	Loop	Seg	H99RAR04-MSG	Requirement
0273	2300	CLM09	PAT SIGN SRC	Valid values are A, I, M, N, O, Y
0618	2320	OI04	Value Req when OI06 not N	Valid values are B, C, M, P, S
1455	2310A	PRV	Invalid Taxonomy Code	If taxonomy code is submitted, it must be valid.
1472	2400	CR1	CR1 segment missing	Ambulance Cert in loop 2400 required if "different" than CR1 in loop 2300
1475	2300	CR1	CR1-Missing	Ambulance Certification for place of service "41" or "42" is required.
M020	2000B	SBR	Required when SBR01 is not "P"	Required when SBR01 is not P
M125	2320	AMT	REQ when 2320B SBR01 is "P"	COB Payer Paid Amount
M019	2000B	SBR02	Must be 18	Individual Relationship code must be self

997 Translator Rejections – A 997 rejection will cause an entire THIN file to reject at WPS. Below is a list of most common errors, which caused a 997 reject at WPS.

- Durable Medical Equipment (DME) claims should not be billed to Wisconsin Physician Services (WPS). Please submit DME claims to the DMERC Carrier.
- Other Insurance Information (OI) Segment: When submitting secondary claims, the OI segment must contain valid values. Several secondary claims had invalid values in the OI- 03 segment, 'Benefits Assignment Indicator'. Valid values are "N" or "Y".
- Gender Values: Valid Values for gender are "F" (female), "M" (male), and "U" (unknown). We received invalid values in the DMG segment.

Second and Third Quarter Workshop Schedule

Want to improve your knowledge of BCBSIL's procedures, products and services and increase your efficiency as a network provider? The Provider Affairs Education Team can help you. Attend one of our **free** workshops to get important, up-to-date information on claims submission, the reimbursement process, advantages of verifying member eligibility and benefits, out-of-state processing, key resources, BCBSIL news —and much more. Workshops were designed for both the new and experienced provider and will give you the tools to achieve administrative success as a network participant.

Online reservations may be made by logging on to www.bcbsil.com/provider/training.htm. A confirmation or "Request to Reschedule" form will be e-mailed to you.

June

Professional

***Experienced Contracting Provider Off-site Workshop—Half Day**

June 7, 2004

Provena United Samaritan Medical Center
Logan Campus (ground floor)
Conference Rooms 2 and 3
812 N. Logan
Danville, Illinois 61832
(217) 443-5000, x15447

June 9, 2004

Proctor Hospital Community
5409 N. Knoxville
Peoria, Illinois 61614
(309) 689-6089

June 29, 2004

FHN Memorial Hospital
Globe Room
1045 W. Stephenson St.
Freeport, Illinois 61032
(815) 599-6000

July

Professional

***Experienced Contracting Provider In-House Workshop—Half Day**

July 21, 2004

Blue Cross and Blue Shield of Illinois
300 East Randolph St.
Chicago, Illinois 60601
(312) 653-4019

***Experienced Contracting Provider Off-Site Workshop—Half Day**

July 28, 2004

Memorial Medical Hospital
701 N. 1st Street
Springfield, Illinois 62702
(217) 788-4448

August

Professional

Blue*Choice* In-house Workshop—Half Day

August 4, 2004

Blue Cross and Blue Shield of Illinois
300 East Randolph St.
Chicago, Illinois 60601
(312) 653-4019

Agenda

8 to 8:30 A.M. Registration
8:30 A.M. to 12:30 P.M. General Session

HMO Administrative Forum—Half Day

August 11, 2004

Blue Cross and Blue Shield of Illinois
300 East Randolph St.
Chicago, Illinois 60601
(312) 653-4019

Agenda

8 to 8:30 A.M. Registration
8:30 A.M. to 12:30 P.M. General Session

***Experienced Contracting Provider Off-Site Workshop—Half Day**

August 12, 2004

Little Company of Mary
2800 West 95th Street
Evergreen Park, Illinois 60805
(708) 422-6200

***Agenda:**
Experienced Contracting Provider In-House & Off-site Workshop—Half Day

8:30 to 9 A.M. Registration
9 A.M. to 1 P.M. Overview: E-Commerce/Paper Reduction, Inquiry Options, BlueCard, Products

Reimbursement for Contraceptive IUDs

This year, Illinois legislation was passed that mandates changes in insurance coverage for contraceptives. The coverage not only includes examinations, prescription drugs and medical services, but also requires that insurance companies provide benefits for diaphragms and intrauterine devices (IUDs).

BCBSIL will reimburse fee-for-service providers (PPO, U&C and Blue*Choice* POS), directly for the IUD, its insertion and removal, when using the following procedure codes:

- J7300 Copper contraceptive. Intrauterine
- J7302 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg. Use this code for the Mirena IUD.
- 58300 IUD Insertion
- 58301 IUD Removal

Please bill with the correct J code to eliminate quality issues and inquiries. Avoid using J3490—Unclassified drugs—which will cause unnecessary delays in claim processing.

Note: HMO providers should consider IUDs as part of the member's medical benefit, and are the financial responsibility of the Medical Group/IPA.

Updated Preventive Care Guidelines

The BCBSIL Preventive Care Guidelines have been updated for 2004. The guidelines are based upon recommendations from entities such as the U.S. Preventive Service Task Force (USPSTF), the Advisory Committee on Immunization Practices (ACIP), the American Cancer Society (ACS), and the American Academy of Pediatrics (AAP). The guidelines reference the source of each recommendation. The changes for 2004 include:

- The Childhood Immunization Schedule was updated to include the 2004 recommendations of the ACIP.
- Recommendations for hemoglobin and urinalysis screening were updated to match those of the AAP.
- Immunization recommendations for influenza and pneumococcal vaccines were updated, and the option for adults of a single Td booster at age 50 was added.

Several of the BCBSIL clinical practice guidelines have also been updated recently.

- The Guidelines for Prevention of Coronary Heart Disease are now based upon the 2002 American Heart Association Guide to Primary Prevention of Cardiovascular Disease and Stroke: Risk Interventions and the American Heart Association/American College of Cardiology Secondary Prevention for Patients with Coronary and Other Vascular Disease: 2001 Update.
- The Treating Tobacco Use and Dependence Guideline is still based upon the 2000 Public Health Service Guideline.
- The Guidelines for the Diagnosis and Treatment of Patients with Depression in the Primary Care Setting is based upon the AHCPR Depression in Primary Care Guideline, which has not been updated since 1993. Therefore, the BCBSIL guideline was updated with recommendations from the American Psychiatric Association, the Institute for Clinical Systems Improvement, and input from BCBSIL network behavioral health practitioners.
- The Guidelines for Congestive Heart Failure are now based upon the 2001 American College of Cardiology/American Heart Association Guidelines for the Evaluation and Management of Chronic Heart Failure in the Adult.

The complete text of all of the BCBSIL guidelines, including the updated Preventive Care Guidelines and clinical practice guidelines, is available in the Provider Manual on the BCBSIL Web site, http://www.bcbsil.com/provider/index.htm. A paper copy may be obtained by calling (312) 653-3465.

Holiday Reminder: Independence Day

In celebration of Independence Day, our office will be closed on Monday, July 5, 2004. Electronic claims transmitted through the rEDI-link Blue Bulletin Board System on July 5, 2004, will be "processed" the following business day on July 6, 2004. Electronic payment reports for claim processed on July 6, 2004, will be available for retrieval on July 7, 2004. The Electronic Funds Transfer (EFT) will also be delayed by one day.

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Extra! Extra!
Introducing Blue*Choice* Select....1

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