



# Blue REVIEW

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

MARCH 2010

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## Take a Tour of the Electronic Refund Management System

*New Online Tool Helps Simplify Overpayment Reconciliation, Related Processes*



Overpayments can occur as a result of duplicate payments, non-covered services, COB credit, and other issues. When we identify that an overpayment has been made, the provider (payee) receives notification to explain the reason for the refund request.

You have the option to simplify the process by switching to our new Electronic Refund Management (eRM) tool.

Here are some of the service capabilities of eRM:

- Electronic notification of overpayments
- Single sign-on convenience
- View overpayment requests
- Inquire/Dispute/Appeal a request
- Deduct from future payments
- Pay by check
- ... and more!

## Send an eCard for Health!

Last fall we launched *eCards for Health*<sup>SM</sup>, our online greeting card program. These eCards are designed to encourage people to commit to small, healthy behavior changes and share their commitments with those they care about. BCBSIL members and the general public can visit [www.ecardsforhealth.com](http://www.ecardsforhealth.com) for inspiration to make small, manageable steps toward improving their overall health.

When users visit the site, they can select the eCard that best reflects the healthy change they want to make and then e-mail it to a friend or loved one as a healthy gift to them and as a commitment to themselves. The sender also receives tips related to the healthy change and links for more wellness information.

Again, this site is open to the general public. Encourage all of your patients to check out eCards for Health at [www.ecardsforhealth.com](http://www.ecardsforhealth.com).

### View a Live Demo of the eRM System

See page 6 for this month's provider training schedule, featuring our new eRM Webinar, where you'll learn how to gain access and complete the online "onboarding" process through Availity® or RealMed®. The Webinar also features an online demo so you can see the easy-to-use eRM tool in action.

To sign up for an eRM Webinar, visit the Workshops section of our online Education Center at [www.bcbsil.com/provider/training.htm](http://www.bcbsil.com/provider/training.htm). Once you're registered, you'll receive an e-mail with a URL and call-in information. You will need a computer and telephone to participate.

Additional eRM Webinars may be scheduled in the coming months. Please continue to check our online Education Center for upcoming training opportunities for BCBSIL providers. If you have questions about our workshops or Webinars, or if you need assistance with the registration process, send an e-mail to [provider\\_relations@bcbsil.com](mailto:provider_relations@bcbsil.com).

\*Note: Prior to accessing eRM, you must be registered with Availity® or RealMed®. For Availity registration information, visit [www.availity.com](http://www.availity.com), or call Availity Client Services at (800) AVAILITY (282-4548). For RealMed registration information, visit [www.realmed.com](http://www.realmed.com), or contact the RealMed Customer Service Center at (877) REALMED (732-5633).

Availity is a registered trademark of Availity, L.L.C. RealMed is a registered trademark of RealMed Corporation. Availity, L.L.C. and RealMed Corporation are independent contractors and are solely responsible for their products and services.

### UniCare Transition Update

In our December 2009 *Blue Review*, we included an article regarding UniCare's exit from the Illinois commercial health insurance market, and BCBSIL's agreement to offer continued coverage to UniCare policyholders beginning Jan. 1, 2010. BCBSIL offered comparable benefits in most cases to former UniCare clients, along with guaranteed acceptance and no lapse in coverage. Any UniCare policyholders who did not accept BCBSIL's offer were covered under their UniCare policy until the end of their contract in accordance with its terms.

In the event that you are receiving questions from your patients, we would like to provide you with the following brief update:

- Formal communications to transitioning UniCare members and employer groups have been completed.
- Two new HMO products, Blue Perform and Classic Blue, were offered to some employer groups that formerly had UniCare coverage.
- New BCBSIL member ID cards have been sent to all former UniCare clients who accepted BCBSIL's offer.

To confirm coverage when considering care for BCBSIL members, always check eligibility and benefits via your preferred online vendor portal, or by calling our Provider Telecommunications Center (PTC) at (800) 972-8088. If members have questions concerning their BCBSIL coverage, please advise them to contact the customer service number on the back of their member ID card.

In the January *Blue Review*, we announced that, effective Jan. 1, 2010, new ID cards were issued to Walmart Associates insured by the Walmart Associates Medical Plan. BlueAdvantage® Administrators of Arkansas, a division of Arkansas Blue Cross and Blue Shield, is the new third-party administrator for all Walmart Associates nationwide, including those previously administered by BCBSIL. ID cards now have a new alpha prefix as part of the member's ID number.

To help ensure that your claims are processed correctly, please remember these guidelines when servicing Walmart Associates:

#### ID Cards

- The new alpha prefix is **WMW** on the ID cards issued to all Walmart Associates.
- Obtain a photocopy of this new card for the member's file.

#### To Verify Eligibility and Benefits

- Send an electronic inquiry to BCBSIL (ANSI 270 transaction) via your preferred online vendor portal, [Availity, NDAS Online (eCare®), or RealMed], or
- Call the BlueCard Eligibility Line at **(800) 676-BLUE (2583)**.

#### Pre-certification

- Call the newly designated telephone number on the back of the patient's ID card for services requiring pre-certification.

#### Claim Submission

- Continue to file all claims with BCBSIL, using the *new* alpha prefix—**WMW**—and ID card number.
- Claims filed for 2009 dates of service must be billed using the *old* alpha prefix—**MRT**—and ID card number.

#### Claim Status

- Claim status may be obtained electronically via your preferred online vendor portal, or by contacting our Provider Telecommunications Center (PTC) at (800) 972-8088.

### BEHAVIORAL HEALTH MANAGEMENT CHANGES

BlueAdvantage Administrators of Arkansas, and Arkansas Blue Cross and Blue Shield, have contracted with New Directions® Behavioral Health to perform utilization management services for Walmart Associates requiring behavioral health services.

Contact New Directions at (877) 709-6822 for eligibility and pre-certification information. You may also utilize the New Directions WebPass online at [www.ndbh.com](http://www.ndbh.com) to submit pre-certification requests, contact New Directions Provider Relations staff and update your online profile information.

*For more information on WebPass registration, and to review guidelines for Inpatient and Outpatient Behavioral Health Services, visit the "What's New" section of our Web site at [www.bcsil.com/provider](http://www.bcsil.com/provider).*

Verification of eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered.

eCare is the registered trademark of Nebo Systems. Nebo Systems offers the NDAS Online product to independently contracted BCBSIL providers. Recently, Nebo Systems was acquired by Passport Health Communications, Inc. Currently, there is a nominal charge per transaction for some of the online services available through this vendor. Please contact Passport Health Communications at (866) 810-0000 if you have questions or need additional information.

## BCBSIL Wins BlueWorks® Award for Asthma Program

[Editor's Note: This article appeared originally in our January 2010 *Blue Review*; however, the original article included incorrect information in the second and third paragraphs. The corrected article appears below.]

The Blue Cross and Blue Shield Association (BCBSA), in collaboration with the Harvard Medical School Department of Health Care Policy, has recognized BCBSIL with a BlueWorks award for its program, "The Positive Impact of Asthma Action Plans." BlueWorks awards are presented annually to Blues Plans demonstrating innovative, successful and replicable approaches to improving health care quality, value and accessibility for consumers.

Each year since 2000, BCBSIL has included the Asthma Action Plan Project in the Quality Improvement Fund, a major initiative used to enhance care for HMO members. Throughout the year, BCBSIL works with the contracted Independent Practice Associations (IPAs). BCBSIL identifies members with asthma, and encourages IPAs to encourage physicians to provide asthmatic patients with a written asthma action plan each year. BCBSIL also sends these patients the Personal Asthma Management brochure.

Since the Asthma Action Plan Project was implemented, the percentage of HMO members with asthma who have received a written action plan has increased dramatically, from 21 percent in 2000, to 74 percent in 2008. For the cohort of members with asthma included in the program for five consecutive years, those who received an asthma plan in at least three years were less likely to have an ER visit or inpatient admission for asthma than those who received a written plan in 0 - 2 years.

These results demonstrate our commitment to implementing wellness programs that will ultimately help our members make positive changes leading toward healthier lifestyles.



## Lake Forest Hospital Now Affiliated With Northwestern Memorial

On Jan. 29, 2010, it was announced that Lake Forest Hospital was acquired by Northwestern Memorial Health Care.

For the time being, the Northwestern Memorial Healthcare System parent company will have two separate subsidiaries: Northwestern Memorial Hospital and Northwestern Lake Forest Hospital, and continued separate agreements with BCBSIL. **Therefore, Lake Forest will remain a participating hospital in BCBSIL's PPO network for the remainder of their contract with us.**

Members who use Lake Forest Hospital and its affiliated physicians will not be affected by this acquisition, and can continue to receive treatment and services. There should be no disruption in claims processing.

## Reminder: Behavioral Health Pre-Certification



Magellan Behavioral Health Services has been experiencing an increase in calls from providers contacting them to request multiple behavioral health pre-certifications for members from all Blue Cross and Blue Shield (BCBS) plans. **Please note** that Magellan Behavioral Health Services is not the only vendor BCBS members may have for their mental health services. The mental health benefit management vendor is determined by the member's employer group. Some members may also have Value Options, Encompass, CompCare, etc. Each group policy is different with regard to benefit coverage and pre-certification requirements for BCBS plans across the country.

*It is appropriate to call Magellan Behavioral Health Services to request pre-certification as required **only** for members who currently have this vendor for their behavioral health benefits.*

When seeking pre-certification for behavioral health services for BCBS members, **calling the behavioral health-related telephone number on the back of the member's ID card will help ensure that you receive assistance from the right department or vendor** handling that member's mental health/chemical dependency health benefit.

## FAIRNESS IN CONTRACTING

In an effort to comply with Fairness in Contracting Legislation and keep our independently contracted 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 Feb. 1, 2010:

- The new CPT and HCPCS codes for 2010 were updated.
- Codes E0445-NU, E0445-RR and J7192 were updated.

**Effective June 1, 2010,** BCBSIL will implement its annual update of the Schedule of Maximum Allowances (SMA) in relation to the Centers for Medicare and Medicaid Services (CMS) Resource Based Relative Value Scale (RBRVS) revisions and CMS fees for DME, clinical laboratory and J codes. Reimbursement for services provided on or after June 1, 2010, will be based on the updated fee schedule. This update affects PPO and BlueChoice fee schedules.

You may request fee schedules for this update starting May 24, 2010. Annual and quarterly fee schedule updates can be requested by downloading the Fee Schedule Request Form at [www.bcbsil.com/provider/forms.htm](http://www.bcbsil.com/provider/forms.htm). Specific code changes that are listed above can also be obtained by downloading the Fee Schedule Request Form and specifically requesting the updates on the codes listed in the *Blue Review*.



## Payment Change for Multiple Radiology Procedures

BCBSIL is preparing to implement a change in our multiple procedure payment of the technical component (TC) of professional claims for select diagnostic imaging procedures. The change applies to TC-only services and the TC portion of global services for select procedures. The change does not apply to professional component (PC) and Modifier-26 services at any site of service. **This new methodology will be effective June 1, 2010.**

BCBSIL will allow 100 percent of the Schedule of Maximum Allowances (SMA) for the highest priced procedure and 75 percent of the SMA for each additional procedure when performed during the same session on the same day. The reduction applies only to contiguous body areas, i.e., within a family of codes, not across families, that are provided in one session. This change follows the current CMS program guidelines.

### This change will apply to the following procedures:

- Ultrasound, CT, and computed tomographic angiography (CTA);
- MRI and magnetic resonance angiography (MRA); and
- Contiguous body area (for example, CT and CTA of Chest/Thorax/Abdomen/Pelvis).

### The Diagnostic Imaging Family Indicators are as follows:

- Family 1 – Ultrasound (Chest/Abdomen/Pelvis) – Non Obstetrical
- Family 2 – CT and CTA (Chest/Thorax/Abd/Pelvis)
- Family 3 – CT and CTA (Head/Brain/Orbit/Maxillofacial/Neck)
- Family 4 – MRI and MRA (Chest/Abd/Pelvis)
- Family 5 – MRI and MRA (Head/Brain/Neck)
- Family 6 – MRI and MRA (spine)
- Family 7 – CT (spine)
- Family 8 – MRI and MRA (lower extremities)
- Family 9 – CT and CTA (lower extremities)
- Family 10 – MRI and MRA (upper extremities and joints)
- Family 11 – CT and CTA (upper extremities)

## New Modifiers Added for Outpatient Therapy Services

BCBSIL has implemented the use of modifiers “GO” and “GP” in order to appropriately identify Physical and Occupational Therapy services when rendered as such.

### Definitions:

- GO – Services delivered under an outpatient occupational therapy plan of care
- GP – Services delivered under an outpatient physical therapy plan of care

When billing for “Physical Therapy” services, please append Modifier-GP to the appropriate CPT code. When billing for “Occupational Therapy” services, please append Modifier-GO to the appropriate CPT code.

If you have any questions regarding these modifiers, please contact our Provider Telecommunications Center (PTC) at (800) 972-8088.

## FROM THE MEDICAL DIRECTOR'S LIBRARY

David Stein, M.D. joins us again to highlight articles for suggested reading, with brief synopses and citations. This month's selections include:

**"Hospitalized Patients' Understanding of Their Plan of Care"** [O'Leary, Kevin J., et al. *Mayo Clinic Proceedings*. January 2010;85(1)47-52].

*This article reveals that a substantial portion of hospitalized patients culled from a broad spectrum of educational levels do not understand their plan of inpatient medical care. This limited understanding adversely affects their ability to provide informed consent for hospital treatment and also to assume their own care after discharge.*

**"Aortic Valve Replacement"** [Stassano, P., et al. *Journal of the American College of Cardiology (JACC)*, 2009;34(20)1862-1868]; and **"Current Selection of Optimal Prosthetic Aortic Valve Replacement in Middle-Aged Adults"** [Stone, P. *JACC*. 2009;34(20)1869-1871].

*This article and its accompanying editorial deal with prosthetic aortic valve replacement in the middle-aged patient. It compares current biological valves and mechanical valves in patients that could be randomized to either type. A randomized patient population was followed up to 13 years postoperatively. Survival rates, bleeding and thromboembolic rates, endocarditis and valve re-replacement rates were assessed. Patient and physician preference remain extremely important in making the choice. The mechanical valves have a higher bleeding incidence while bioprostheses have a significantly higher incidence of failure and need for re-replacement.*

The above articles are for informational purposes only. The views and opinions expressed in these articles are solely those of the authors, and do not represent the views or opinions of BCBSIL, its medical directors or Dr. Stein.



## New Medicare Instructions for Diagnostic Test Claims

In late 2009, the CMS announced changes to the Place of Service (POS) and Date of Service (DOS) codes for the interpretation of diagnostic tests. The updated POS codes became effective Jan. 4, 2010. POS codes do not determine Medicare payment for the interpretation of a diagnostic test, but rather reflect where the test or service was provided.

As of July 1, 2010, the appropriate DOS for the interpretation must be populated on all Medicare claims. The DOS is the actual calendar date that the interpretation was performed. For example, if the test or technical component was performed on April 30 and the interpretation was read on May 2, the DOS for the performance of the test is April 30 and the DOS for the interpretation of the test is May 2.

These changes affect all providers who bill Medicare, Fiscal Intermediaries (FI), Carriers, or Medicare Administrative Contractors (A/B MAC). For more information, visit the CMS Web site at <http://www.cms.hhs.gov>.

**Please note that BCBSIL claim filing requirements do not mimic the CMS changes outlined above. Instead, we request that Modifier-26 is populated to describe your billing for the professional component.**

## CPT CODE UPDATE

### *Clarification: Treatment of Interdigital Neuroma, Heel Pain or Plantar Fasciitis*

The American Medical Association (AMA) included a new code, 64632, in the 2009 edition of the CPT Codebook.

When a podiatrist or other qualified provider injects a neurolytic agent into interdigital neuroma, CPT 64632—*Destruction by neurolytic agent; plantar common digital nerve*—should be used, as it provides the most accurate and complete description of the service.

CPT 64640—*Destruction by neurolytic agent; other peripheral nerve or branch*—should **no longer be used** to describe the treatment of interdigital neuroma, as it does not provide the most accurate description of the service.

Note: Neither CPT 64640 nor 64632 should be used for injections of the plantar fascia or tendon, as those injections are not intended to destroy the specific nerves.

Please be advised that BCBSIL may request additional documentation to support claims for these codes. In situations where the incorrect code was used, delays in claim adjudication and/or claim denials may result.



## New Account Groups



All of the accounts listed below have Blue Cross and Blue Shield Coverage, unless otherwise indicated.

Group Name: **BP – Cherry Point**  
 Group Number: **250823-24**  
 Alpha Prefix: **BPA**  
 Product Type: **PPO (Portable)**  
 Effective Date: **April 1, 2010**

Group Name: **The Field Museum**  
 Group Number: **P08633**  
 Alpha Prefix: **XOF**  
 Product Type: **PPO (Portable)**  
 Group Number: **H06258**  
 Alpha Prefix: **XOH**  
 Product Type: **HMO**  
 Effective Date: **Feb. 1, 2010**

Group Name: **The Walsh Group**  
 Group Number: **074812**  
 Alpha Prefix: **WCC**  
 Product Type: **PPO (Portable)**  
 Effective Date: **Jan. 1, 2010**

Group Name: **Unitrin, Inc.**  
 Group Number: **099812**  
 Alpha Prefix: **UTN**  
 Product Type: **PPO (Portable)**  
 Effective Date: **Feb. 1, 2010**

NOTE: Some of the accounts listed above may be new additions to BCBSIL; some accounts may already be established, but may be adding member groups or products. The information noted above is current as of the date of publication; however, BCBSIL reserves the right to amend this information at any time without notice. The fact that a group is included on this list is not a guarantee of payment or that any individuals employed by any of the listed groups, or their dependents, will be eligible for benefits. Benefit coverage is subject to the terms and conditions set forth in the member's certificate of coverage.

## Upcoming Workshops and Webinars for Providers

Our Provider Relations team is dedicated to providing **complimentary** educational Webinars and workshops for the BCBSIL contracting provider community. You can attend an informal, in-person workshop, or you can participate remotely in an online Webinar training session—the choice is yours!

Visit our Web site at [www.bcbsil.com/provider/training.htm](http://www.bcbsil.com/provider/training.htm) to view descriptions and complete the registration process online. If you have questions or need assistance, e-mail us at [provider\\_relations@bcbsil.com](mailto:provider_relations@bcbsil.com).

### WORKSHOP SCHEDULE

Are you a new contracting provider? If so, Provider Relations would like to invite you to an informative workshop designed especially for you. This workshop will present an introduction to doing business with BCBSIL, along with an overview of options and resources that may help you maximize administrative efficiencies. *Refreshments will be served.*

<b>New Provider Workshop</b>	March 24, 2010 8:30 a.m. to 3 p.m.	300 E. Randolph, Chicago, IL 60601
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### WEBINAR SCHEDULE

A series of Webinars for providers, billing services, clinical and administrative staff who are new to the BCBSIL network, is now being offered. Enjoy the time and money saving convenience of attending a live, online training session right from your own office.

<b>BCBSIL New Provider “101”</b>	March 31, 2010 April 7, 2010	9 to 10 a.m.
<b>BCBSIL Products</b>	March 31, 2010 April 7, 2010	11 a.m. to 12 p.m.
<b>BlueCard Program</b>	March 31, 2010 April 7, 2010	1 to 2 p.m.
<b>New! Electronic Refund Management (eRM)</b>	March 17, 2010 March 31, 2010	2 to 3 p.m.

## MEDICAL POLICY UPDATES

Approved new or revised Medical Policies and their effective dates are usually posted on our Web site the first day of each month. Medical Policies are used as guidelines for coverage determinations in health care benefit programs for BCBSIL members, unless otherwise indicated. These policies may impact your reimbursement and your patients' benefits.

You may view active new and revised policies, along with policies pending implementation, by visiting the Medical Policies section of our Provider Library on our Web site at [www.bcbsil.com/provider](http://www.bcbsil.com/provider). After reading the Medical Policies Disclaimer, click on "I Agree." You will then have two options, "View all Active Policies" or "View all Pending Policies."

You may also view draft Medical Policies that are under development or are in the process of being revised by selecting "Draft Medical Policies" from our online Provider Library. After confirming your agreement with the Medical Policies Disclaimer, you will be directed to the Draft Medical Policies page. Just click on the title of the draft policy you wish to review, and then select "Comments" to submit your feedback to us.

While some information on new or revised Medical Policies may be published in this newsletter for your convenience, please rely on our Web site for access to the most complete and up-to-date Medical Policy information.

Effective Date	Policy Number	Policy Name	Rationale / Comments
Feb. 15, 2010	SUR703.011	Meniscal Allograft Transplantation	
Feb. 15, 2010	MED205.011	Intraoperative Neurophysiological Monitoring	Added statement noting claims for intraoperative monitoring must be submitted for no more than three (3) patients simultaneously.
Feb. 15, 2010	SUR705.020	Osteochondral Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions	
March 1, 2010	MED207.119	Pharmacogenomics and Metabolite Markers for Patients Treated with Thiopurines	
March 1, 2010	MED207.116	Bone Turnover Markers for Diagnosis and Management of Osteoporosis and Other Conditions Associated with Increased Bone Turnover	
March 1, 2010	MED207.149bu	Intraepidermal Nerve Fiber Density	New medical policy
March 1, 2010	THE801.003	Hyperbaric Oxygen (HBO2) Pressurization	

Note: This is just a brief summary of the pending medical policies and their effective dates. Please refer to the Medical Policies section of our Web site at [www.bcbsil.com/provider](http://www.bcbsil.com/provider) for more complete details.

## IN THE KNOW ✓

### Updated! Medicare Supplement Benefit Matrices

Each year, BCBSIL posts updated Medicare Supplement Benefit Matrices on our Web site. Visit our online Provider Library at [www.bcbsil.com/provider](http://www.bcbsil.com/provider) to view the updated 2010 matrices. Two years of archived information is also available on our Web site for reference purposes.

### Reminder: 'Depot' Drugs Must be Obtained by the Provider

BCBSIL occasionally becomes aware of members who are sent by their physician's office to a pharmacy with a prescription for a "depot" drug (such as Depo-Provera or Lupron Depot) with instructions to bring it back to the office for administration. We want to remind you that all parenteral drugs which are not self-injectable and which must be administered by a health professional are not covered under the pharmacy benefit. These drugs must be obtained directly by the provider and billed as a medical expense. **The member is not a participant in this process.** Drugs which are administered intravenously also fall into this category.

# New Be Smart. Be Well.® Topic Launches with Redesigned Site

Our Be Smart. Be Well. Web site has a sleek new look to help engage our members' interest in this online health and wellness resource. We keep the content fresh by regularly adding new material, such as information about sexually transmitted disease (STD), the latest topic to be added to the Be Smart. Be Well. online library.

Each Be Smart. Be Well. topic features videos combining information from subject matter experts with the very personal stories of those who have been affected. With the STD topic, your patients will meet Molly, who never thought herpes could happen to her, and Ida, who lives with HIV. The easy-to-follow "Habits to Have" section offers tips that may help your patients on the road to making smarter, healthier choices.

Remind your patients to visit [www.besmartbewell.com](http://www.besmartbewell.com) today for information on a variety of topics, including traumatic brain injury (TBI), care-giving, drug safety and mental health. A new topic—domestic violence—is coming soon.

These programs are for informational purposes only, and are not a substitute for the sound medical judgment of a doctor. Members are instructed to talk to their doctor if they have any questions or concerns regarding their health.

*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. *Blue Review* is located on our Web site at [www.bcbsil.com/provider](http://www.bcbsil.com/provider).

The editors and staff of *Blue Review* welcome letters to the editor. Address letters to:

## BLUE REVIEW

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# BLUE REVIEW

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